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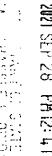
(F	Requestor's Name)			
(F	Address)			
(<i>F</i>	Address)			
(0	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions t	o Filing Officer:			





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OCT -6 2021

M. SOLOMON

COVER LETTER

TO:	Registration Sect Division of Corp				
SUBJ	FCT:	FICA UNLI	MITED COR	RPORATION	
3000		Name of c	orporation -	· must include suffix	
Dear S	ir or Madam:				
"Certi	ficate of Existence,	n by Foreign Corpo " or "Certificate of 0 corporation to trans	Good Stand	authorization to Transacting" and check are subms in Florida.	t Business in Florida," nitted to register the
Please	return all correspo	ndence concerning t	his matter t	o the following:	
		I	BILL MURIE	EL .	
			Name of P	erson	
		GLADYS R/W	ILSON & A	SSOCIATES	
			Firm/Comp	any	-
		3439	N HARLEM	1 AVE	
			Addres	· -	-
		СНІС	CAGO IL 600	634	
		Ci	ty/State and	d Zip code	
		FICAUNLIMIȚE	DCORP@G	MAIL.COM	
	-	E-mail address: (to	be used fo	r future annual report no	otification)
For fur	ther information co	oncerning this matte	r, please ca	H:	
	SILVIA MENDOZ	ILVIA MENDOZA at () 586-0358			
	Name of Person		Area Code	Daytime Teleph	one Number
	STREET/COUR Registration Sect Division of Corpo The Centre of Ta 2415 N. Monroe Tallahassee, FL	orations llahassee Street, Suite 810		MAILING AE Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
Please r		e following amount o: FLORIDA DEPA \$78.75 Filing Fe Certificate of St	RTMENT (e & □	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

l	TED CORPORATION				_
(Enter name of o	corporation; must include "INC Corp," "Inc," "Co," or "Corp.")	ORPORATED,"	"COMPANY," "CORPORATION,"	•	
(If name unavail	able in Florida, enter alternate o	corporate name ad	opted for the purpose of transacting l	business in Florida	_)
2. ILLINOIS		3.	6-2153301		
	State or country under the law of which it is incorporated) EBRUARY 17, 2021		(FEI number, if applicable)		
	(Date of incorporation)		(Date of duration, if other than perpetual)		
6					
			lorida, if prior to registration) 2, F.S to determine penalty liability))	_
77	OP #1, WINTER SPRINGS FL	32708			
		(Principal office	street address)		
		(Current mailing	address, if different)		-
		i). Cac	900
8. Name and stree	et address of Florida register	ed agent: (P.O.)	Box NOT acceptable)	- د. د	<u>=</u> G
Name:	SILVIA MENDO ZA			A TOP TO	00 430 1000
Office Address:	270 MOREE LOOP #1			•••••	
	WINTER SPRINGS	I	, Florida	2 4 102m 2 4 102m 2 1 1 1 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>
	(City)	· · · · · · · · · · · · · · · · · · ·	(Zip code)	를 하고 5	-
Having been nam designated in this further agree to c	application, I hereby accep	t the appointme f all statutes rela	of process for the above stated c nt as registered agent and agree a ntive to the proper and complete p ion as registered agent.	to act in this cap	acity. I
_					
	(Regis	stered agent's sign	ature)		

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS		•				
□Chairman	Name:	Chairman	Name:			
□Vice Chairman	Address: 270 MOREE LOOP #1	□Vice Chairman	270 MOREE LOOP #1			
Director	WINTER SPRINGS FL 32708	■ Director		RINGS FL 32708		
President		□President				
□Vice President		■ Vice President				
Secretary	Treasurer	■ Secretary		☐Treasurer		
□Other	Other	□Other		Other		
□Chairman	Name:	□ Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director	<u> </u>	Director				
□President		□President				
□ Vice President		□Vice President				
□Secretary	□Treasurer	□Secretary		□Treasurer		
Other	Other	Other	 -	□Other <u>≥ ≥ </u>		
□Chairman	Name:	□Chairman	Name:	23. S		
□Vice Chairman	Address:	□Vice Chairman		11 F***		
□Director	i	□Director		10 to		
□President		□President		# CO = #		
□Vice President		□ Vice President		***		
☐ Secretary	Treasurer	☐ Secretary		☐Treasurer		
□Other	Other '	□Other		□Other		
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.						
	Signature of Directo	or or Officer				

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. SILVIA MENDOZA

File Number

7316-157-6



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

FICA UNLIMITED CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 17, 2021, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 17TH day of SEPTEMBER A.D. 2021.

Authentication #: 2126003096 verifiable until 09/17/2022

Authenticate at: http://www.ilsos.gov

Desse White