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(Re	questor's Name)	_		
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☐ PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
Certified Copies	Certificates	of Status		
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Special Instructions to I	Filing Officer:			

Office Use Only



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S. ROBERTS
DEC 0 6 2021

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: DOGG GROUD, MC.				
Name of corporation - must include suffix				
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.				
Please return all correspondence concerning this matter to the following:				
Name of Person				
Lakebrook Tax Services Inc.				
62 Orland Square Or Ste 203 Address				
Orland Park, IL 60462				
City/State and Zip code CACCOUNT CONTROL CONTROL E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Subar Taher at (708) - 949 - 8107 Name of Person Area Code Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & Certificate of Status Certificate of Status & 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.

	ROUP, INC. corporation; must include "INCORPORATED," "C	OMBANY " "CORRORATION"	
"Inc.," "Co.," "	corporation; must include INCORPORATED, Corp," "Inc," "Co," or "Corp.")	OMPANT, CORPORATION.	
	lable in Florida, enter alternate corporate name adop		usiness in Florida)
Illinois	3	82-077115	51
(State or count	ry under the law of which it is incorporated)	(FEI number, if applie	cable)
3	13 2017 5		
(Dat	e of incorporation)	(Date of duration, if other than	n perpetual)
	(Date first transacted business in Flor (SEE SECTIONS 607.1501 & 607.1502, F	rida, if prior to registration)	
485 W W	rigthwood ave Elmhurst illi	• •	
100 00 00	(Principal office str		
62 orland s	square dr ste 203 Orland Park il 6		
	(Current mailing add		S 2
			2821 DEC
Name and stre	et address of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)	
	Registered Agents Inc.		# <u>₩</u>
Mame:		•	ώ, <u>−ο</u>
Name:	7901 4th St N STF 300		gr. n. 🕮
	7901 4th St N STE 300		20 % 25 ± 25 ± 25 ± 25 ± 25 ± 25 ± 25 ± 25
Name: fice Address:		., Florida <u>33702</u> (Zip code)	PH 12: 48

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

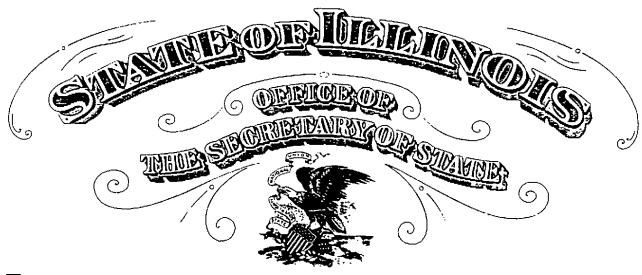
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

	*	•
Α.	DIRECTOR	S

A. DIRECTORS			
□Chairman	Name:	_ □Chairman	Name.
	Address:		Name:
□Director		_	Address:
□President _		•	
□Vice President _			
□ Secretary	□Treasurer		
□Other		□Secretary	☐ Treasurer
		□Other	
□Chairman N	ame:	ela :	JEHAD HAMAYEI
□Vice Chairman A	ddress:		Name: JEHAD HAMAYEL
Dimeter			Address:
□ Dunaid			
		•	TINLEY PARK IL 60487
□ Secretary			
Other	□ Treasurer	Secretary	Z Treasurer
	Other	□Other	Other
□Chairman Nan	na.		
	ne:		ame:
DD: N	ress:	□Vice Chairman A	ddress:
President		□Director	
 _		□President	
□Vice President		□ Vice President	
□Secretary -	□Treasurer	□ Secretary	□Treasurer
Other	Other	Other	Other
2. <u>Joha</u>	attachment to report more than six (6). The at to the index when filing your Florida Departr	tachment will be imaged for nent of State Annual Report	reporting purposes only. Non-indexed form.
The officer or director sign the is aware that false infor \$17.155, F.S.	ing this document (and who is listed in numb mation submitted in a document to the Depar		
	(Typed or printed name and capacity of pers	on signing and in the	
	t trush or treta	on secure application)	

File Number

7115-457-2



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

UDAY GROUP, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 10, 2017, 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 4TH day of OCTOBER A.D. 2021.

Authentication #: 2127703370 verifiable until 10/04/2022

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

Desse White