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SECRETARY OF STATE.

COVER LETTER

TO:		tration Se ion of Cor					
SUBJI	ECT:	Sunny Sta	te Development, Inc.				
0000			Name of	corporatio	n - mus	st include suffix	
Dear Si	ir or M	adam:					
"Certifi	icate of	Existenc	, .	f Good Sta	nding"	and check are sub-	et Business in Florida," mitted to register the
Please	return :	all corresp	ondence concerning	g this matte	r to the	following:	
Aleksan	idr Kag	апет					
				Name of	Person	1	
Sunny S	State De	velopment	, Inc.				
				Firm/Cor	npany		
23445 N	Valle:	y Rd					
	•			Addı	ress		
Lake Zu	urich IL	60047					
	_			City/State a	and Zip	code	
alexkag	апст@с	omcast.net					
			E-mail address:	(to be used	for fut	ure annual report n	otification)
For furt	ther inf	ormation	concerning this mat	ter, please	call:		
Aleksandr Kaganer			847	Area Code P24-6337 Daytime Telephone Number			
	Name	of Perso	n	Area Coo	ic	Daytime Teleph	none 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			ection orporations	
Please n	nake ch	eck payabl	the following amou	ARTMEN			
\$ 70.	00 Fili	ng Fee	☐ \$78.75 Filing Certificate of			75 Filing Fee & ified 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.

Sunny State Dev	·			
	orporation; must include "INCORPORATED," "orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION	,	
(If name uneveil	able in Florida, enter alternate corporate name ado	nted for the numose of transacting	husiness in Florida)	
Hinoie	87	-3769035	5 0 12 / 10 10 10 10 10 10 10 10 10 10 10 10 10	
2. (State or country)	y under the law of which it is incorporated)	(FEI number, if applicable)		
4. 11/25/2021	5			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
6				
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502	orida, if prior to registration) F.S. to determine penalty liability	tv)	
_ 23445 N Valley I	Rd. Lake Zurich, Illinois 60047	, 1.0., to determine penalty indom	· 2 /	
7	(Principal office	street address)		
			7 21	
''	(Current mailing a	ddress, if different)	22.	
			PROPERTY TALLAHASS	
8. Name and stre	et address of Florida registered agent: (P.O. E	Box NOT acceptable)	16	
Name:	Vitaliy Dukan	_	Fried B	
Office Address:	121 S Hartsdale St	<u> </u>	5: 5 5: 5	
	North Port	, Florida 34287	Dr. 1	
	(City)	(Zip code)		

9. Registered agent's acceptance:

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.

A. DIRECTORS							
□Chairman	Aleksandr Kaganer Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director	Lake Zurich IL 60047	□Director					
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		Director					
□President		□President					
□Vice President		□Vice President					
Secretary	□Treasurer	Secretary	□Treasurer				
□Other		□Other	Other				
□ Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
Secretary	☐Treasurer	☐ Secretary	☐Treasurer				
□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.							
12.	Signature of Director 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.							

(Typed or printed name and capacity of person signing application)

Aleksandr Kaganer president

File Number

7351-118-6



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

SUNNY STATE DEVELOPMENT, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 25, 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 11TH day of FEBRUARY A.D. 2022.

Donne White

Authentication #: 2204202780 verifiable until 02/11/2023