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### **COVER LETTER**

SUBJECT:	CLASSON CONSULTING	LTD, TVC.	
	Name	e of corporation -	must include suffix
Dear Sir or M	ladam:		
"Certificate o		e of Good Standi	thorization to Transact Business in Floring" and check are submitted to register t in Florida.
Please return	all correspondence concert	ning this matter to	the following:
Brian K. Class	son		
		Name of Pe	rson
CLASSON CO	ONSULTING LTD.		
•		Firm/Compa	ny
4128 Holland	Dr.		
		Address	,
St. Pete Beach	, Florida, 33706		
	<del></del>	City/State and	Zip code
brian.classon@	)gmail.com	•	•
	E-mail addre	ss: (to be used for	future annual report notification)
For further in			
For further in	E-mail addre		
For further in Brian K. Class	formation concerning this	matter, please cal	:
Brian K. Class	formation concerning this		:
Brian K. Class  Nam  STRI Regis Divis The C 2415	formation concerning this	matter, please cal at ( 847 Area Code SS:	962-9838

#### 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.

(Enter name of co	NSULTING LTD.  orporation: must include "INCORPORATED."  orp." "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATION."	
(If name unavail:	ible in Florida, enter alternate corporate name ad	lopted for the purpose of transacting l	business in Florida)
ILLINOIS	3. 2	3. 26-2527835 (FEI number, if applicable)	
(State or countr	y under the law of which it is incorporated)	(FEI number, il appli	icable)
MAY 01, 2008	5.		
(Date	of incorporation) 5	(Date of duration, if other tha	an perpetual)
	44444 <u>.</u>		
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150	Horida, if prior to registration)	)
756 W. Bloomtie		2. C.s., to determine penalty nationty.	,
	ld Ct., Palatine, IL 60067 (Principal office		
4128 Holland Dr	., St. Pete Beach, FL 33706	<u></u>	
	(Current mailing	address, if different)	
Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	2022 57.11
Name:	Brian K. Classon		2022 HAY -
	4120 to 11 115		<u> </u>
ffice Address:	4128 Holland Dr.	<del></del>	
ffice Address:	<del></del>	, Florida	PH 5: 19

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.

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	Name: Brian K. Classon	□ Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director	St. Pete Beach, FL 33706	Director				
■ President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	☐ Secretary	□Treasurer			
□Other	Other	□Other				
	N.		N			
□Chairman _	Name:	☐Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President	<del></del>	□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer			
□Other	Other	□Other	□Other			
Ear :	N	Chairman.	Name:			
□Chairman	Name:	☐Chairman				
□Vice Chairman	Address:	∐Vice Chairman	Address:			
□Director		□Director				
□President	<del></del>	□President				
□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.						
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.						
13. Brian K. Classon, President						

#### File Number

6643-506-7



## 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

CLASSON CONSULTING LTD.. A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 01, 2008, 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 27TH day of APRIL A.D. 2022 .

Authentication #: 2211701664 verifiable until 04/27/2023

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

Desse White

SECRETARY OF STATE