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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	Division of Corporations						
SUBJE	CDL 1000 CORP						
301312	Name of corporation - must include suffix						
Dear Sir	or Madam:						
"Certific		f Good Stand	Authorization to Transact Business in Florida," ling" and check are submitted to register the s in Florida.				
Please re	eturn all correspondence concerning	g this matter	to the following:				
Viktor Tl	kachuk						
		Name of I	Person	_			
CDL 100	0 INC						
		Firm/Com	pany	_			
212 W. S	uperior Street, Unit #204						
		Addre	SS S	_			
Chicago,	IL 60534						
		City/State ar	d Zip code	_			
viktor@c	dl1000.com						
	E-mail address:	(to be used for	or future annual report notification)	_			
For furth	ner information concerning this ma	tter, please ca	all:				
Helen S. Atter		904	660-0020 (X 1553)				
	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 Tallahassec, FL 32314				
Please ma	I is a check for the following amounts check payable to: FLORIDA DEF 0 Filing Fee	PARTMENT Fee &	OF STATE \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Stat 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.

CDL 1000 INC.				
(Enter name of ce	orporation; must include "INCORPORATED," "CO orp," "Inc," "Co," or "Corp.")	MPANY," "CORPORATION,"	•	
CDL Market F	Place Inc.			
(If name unavaila	able in Florida, enter alternate corporate name adopte	ed for the purpose of transacting	business in Florida)	
Illinois				
(State or countr	y under the law of which it is incorporated)	(FEI number, if appl	icable)	
February 25, 20	15 5.			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
July 1, 2021				
	(Date first transacted business in Flori (SEE SECTIONS 607.1501 & 607.1502, F.	•)	
212 W. Superior S	Street, Unit# 204, Chicago, Il 60534			
·	(Principal office str	eet address)		
	(Current mailing add	ress, if different)	21	
)221	
. Name and stree	et address of Florida registered agent: (P.O. Box	NOT acceptable)	2022 HAY	
Name:	Lippes Mathias		25	
office Address:	10151 Deerwood Park Blvd, Bldg 300-Suite 300		PH	ر
	Jacksonville	, Florida	7: 1. 5	
	(City)	(Zip code)	O,	

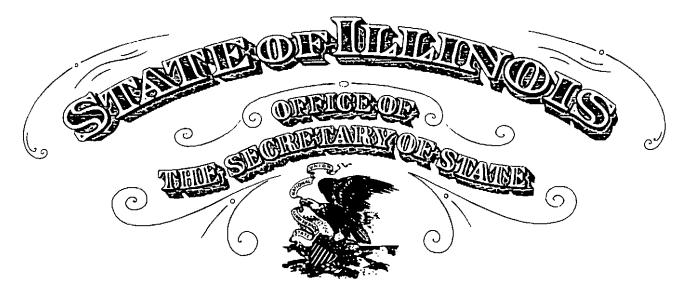
9. Registered agent's acceptance:

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	Name:	□ Chairman	Viktor Tkachuk Name:
□ Vice Chairman	Address: 212 West Superior St, Unit 204	□Vice Chairman	Address: 212 West Superior St, Unit 204
□Director	Chicago, IL 60534	Director	Chicago, IL 60534
President		□President	
□Vice President		□Vice President	
Secretary	Treasurer	☐ Secretary	☐ Treasurer
□ Other	Other	Other COO	Other
□ Chairman	Name:	☐ Chairman	Name:
□Vice Chairman	Address:	□ Vice Chairman	Address:
□Director		Director	<u> </u>
□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	Other
individuals may be	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Departm	ent of State Annual Re	Report form.
	Signature of Director	or Officer	
	etor signing this document (and who is listed in number lise information submitted in a document to the Departure, COO		



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

CDL 1000 INC.., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 25, 2015, 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 23RD

day of

MAY

A.D.

2022

Authentication #: 2214302972 verifiable until 05/23/2023

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

SECRETARY OF STATE