

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700389251227

2022 JULY 13 FOLDS

RECEIVED

JUN 13 AM 9: 44

S. FRANKLIN JUN 1 4 2022 FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624

GENERAL TRANS GROUP, INC. BUSINESS ( Name)	Document #
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Walk in	Pick up time
Mail out	Will wait
Photocopy	
_XCertified Copy	AMMENDMENTS Amendment
_X Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit	
Not for ProfitLimited Liability	Resignation of R.A. Officer/ Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
CORP	Conversion
OTHER FILINGS	REGISTERATION/QUALIFICATION
Annual Report	_X Foreign filingLimited Partnership
Fictitious Name	Reinstatement
APOSTIL()	Other

## **COVER LETTER**

TO: Registration Section Division of Corporation	ons		
SUBJECT: GENERALTRA	NS GROUP, INC.		
SOBJECT.	Name of corporation	n - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by "Certificate of Existence," or above referenced foreign corporately."	'Certificate of Good Star	nding" and check are submi	Business in Florida." tted to register the
Please return all corresponden	ce concerning this matte	r to the following:	
T. PAUL S. CHAWLA			
	Name of	Person	
OAK BROOK LEGAL, P.C.			- 1
	Firm/Cor	npany	022
3908 N. CASS AVENUE			<u>.</u> -
	Addr	ress	
WESTMONT, IL 60559			7
	City/State a	and Zip code	M 11: 1.2
TSCHAWLA@OAKBROOKLE			1.2
E-n	nail address: (to be used	for future annual report not	ification)
For further information concer	ming this matter, please	call:	
T. PAUL S. CHAWLA	at (630	325-5557 EXT 186	
Name of Person	Area Coo	de Daytime Telepho	ne Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations
-	LORIDA DEPARTMEN	T OF STATE  ☐ \$78.75 Filing Fee &  Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

under the law of which it is incorporated.

## '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.

GENERAL TR.	ANS GROUP, INC.	_			
	corporation: must include "INCORPORATED," "Corp." "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION."	-		
(If name unavail	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting bus	iness in Florida)		
2. ILLINOIS	3. 27	1600745	0745		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)			
(Date	(Date of incorporation) 5		perpetual)		
6. AFTER REGIS	TRATION - ANTICIPATED DATE: JULY 1,20				
0	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502	orida, if prior to registration) , F.S., to determine penalty liability)			
7 18201 COLLINS	S AVENUE, SUITE 1204, SUNNY ISLES BEACE	H, FL 33160			
,. <u> </u>	(Principal office	street address)	2022		
	(Current mailing a	ddress, if different)			
8. Name and stre	et address of Florida registered agent: (P.O. I	Box NOT acceptable)	필.		
Name:	IVAN P. PAVLOV		NH: 62		
Office Address:	18201 COLLINS AVENUE, SUITE 1204	<del></del>	և2		
	SUNNY ISLES BEACH	, Florida			
	(City)	(Zip code)			
Having been namedesignated in this further agree to design	gent's acceptance: ned as registered agent and to accept service is application, I hereby accept the appointment comply with the provisions of all statutes relains with and accept the obligations of my position  Docusigned by:  Tran Parlow	nt as registered agent and agree to tive to the proper and complete pe	act in this capacity. I		
-	(Registered agent's sign	ature)			
	( registered agent 5 sign	araroj			

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

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

## DocuSign Envelope ID: 0AEAD1CA-EF0A-4179-AF7F-3B65201C4224

A. DIRECTORS	•				
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address: 825 SEEGERS ROAD #C	□Vice Chairman			
□Director	DES PLAINES, II. 60016	□Director			
<b>■</b> 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 <u>28</u> 22	
□Chairman □Vice Chairman	Name:	□Chairman □Vice Chairman	Name:		
□Director		□Director			
□President		□President			
□Vice President		□Vice President			
□Secretary	□Treasurer	☐ Secretary		□Treasurer	
□Other	Other	□Other		Other	
Important Notice: individuals may b	Use an attachment to report more than six (6). The attended to the index when filing your Florida Department	nent of State Annual R	ed for reporting peport form.	ourposes only. Non-indexed	
Signature of Director or Officer					
The officer or dire	ector signing this document (and who is listed in numb false information submitted in a document to the Depar	er 11 above) affirms the	hat the facts state utes a third degre	ed herein are true and that he or see felony as provided for in	

13. IVAN PAVLOV, President
(Typed or printed name and capacity of person signing application)

s.817.155. F.S.



## 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

GENERAL TRANS GROUP INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 07, 2009, 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 9TH

day of

JUNE

A.D. 2022

Authentication #: 2216002232 verifiable until 06/09/2023

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

Desse White

SECRETARY OF STATE