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(Business Entity Name)						
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COVER LETTER

	Registration Sectior Division of Corpora					
SUBJE	CT. STUDIO CAL	VO INC.				
.,		Name of corpora	ition - mi	ust include suffix		
Dear Sir	or Madam:					
"Certific	cate of Existence." o	y Foreign Corporation r "Certificate of Good rporation to transact bu	Standing	" and check are subi	t Business in Flo mitted to register	orida," the
Please re	eturn all correspond	ence concerning this m	atter to tl	ne following:		
AMY C	ALVANESE					
		Nam	e of Pers	on		
STUDIO	CALVO, INC.					2672 J. 1. 1
		Firm/	Compan			 =
7067 VII	LLA LANTANA WA	Y				
		Λ	ddress			-0
NAPLES	S, FL 34108					=======================================
		City/Sta	ite and Z	ip code		PH 7: 11
amycalva	anese@gmail.com					
	t:	-mail address: (to be u	sed for fu	iture annual report n	otification)	
For furt	her information con	cerning this matter, plea	ase call:			
AMY CALVANESE		773	, 4) 419-7127 le Daytime Telephone Number		
	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		
Please m		following amount: FLORIDA DEPARTM \$78.75 Filing Fee & Certificate of Status	□ \$7	STATE 8.75 Filing Fee & ertified Copy	S87,50 Fil Certificate Certified C	of Status &

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.

L. STUDIO CALV	O INC.					
(Enter name of co	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	ED.	"COMPANY," "CORPORATION,"			
(If name unavaila	ible in Florida, enter alternate corporate nai	ne	adopted for the purpose of transacting business in	Florida)		
(State or country under the law of which it is incorporated)			3 27-3442174			
(State or country	y under the law of which it is incorporated)	٠.	(FEI number, if applicable)			
4. AUGUST 25, 20	010	5.	(Date of duration, if other than perpetua			
(Date	of incorporation)		(Date of duration, if other than perpetua	l)		
6						
₇ 7067 VILLA LAN			n Florida, if prior to registration) 502. F.S., to determine penalty liability)			
·	(Principal	offi	ce <u>street</u> address)	202		
700 N LARRABI	EE #1808, CHICAGO, IL 60654			نا.		
-	(Current ma	ilir	g address, if different)	2022 11 1.11		
8. Name and <u>stree</u> Name:	t address of Florida registered agent: (AMY CALVANESE	Р,С	D. Box NOT acceptable)	PH 7:		
Office Address:	7067 VII.LA LANTANA WAY					
	NAPLES		, Florida 34108			
	(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	Name:	□Chairman	Name:	_			
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director	NAPLES, FL 34108	□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		2022			
□ Secretary	□Treasurer	□ Secretary		□Treasurer =			
□Other		□Other		□Other			
□Chairman	Name:	□Chairman	Name:	PH 7: 1			
□Vice Chairman	Address:	□ Vice Chairman	Address:				
Director		□Director		<u> </u>			
□President		□President	<u> </u>				
□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.

File Number

6719-172-2



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

STUDIO CALVO INC.. A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 25, 2010, APPEARS TO HAVE COMPLIED WITH ALL THES 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 HILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 28TH

day of

JUNE

A.D.

2022

Authentication #: 2217904766 verifiable until 06/28/2023
Authenticate at: http://www.ilsos.gov

SECRETARY OF STATE