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S. FRANKLIN AUG - 6 2022

### **COVER LETTER**

TO:	Registration Section Division of Corporations						
SUBJ	ECT:	GELTCO, INCORPORA	ATED				
		Name o	of corporation	- mus	t include suffix	,	_
Dear S	ir or Mad	am:					
"Certif	ficate of E	pplication by Foreign Coxistence," or "Certificate differeign corporation to tr	of Good Stand	ling"	and check are subm		
Please	return all	correspondence concerni	ng this matter	to the	following:		
DMITR	IY MELE	SHKO					
			Name of P	ersor	1		_
			Firm/Comp	oany		7.022	_
425 HU	EHL RD.,	BLDG 4 B					
			Addres	SS		1	
NORTE	IBROOK,	IL 60062					J
			City/State an	d Zip	code	1922 is	<del>-</del> ת
CPA@0	GELTONL	INE.COM					· ·
		E-mail address	: (to be used fo	or futu	ire annual report no	tification)	•
For fur	ther infor	mation concerning this m	atter, please ca	ill:			
DMITI	RIY MELE	SHKO	at (	27	9-8448		
	Name o	f Person	Area Code		Daytime Telepho	one Number	
	Registra Division The Cen 2415 N.	T/COURIER ADDRESS tion Section of Corporations stre of Tallahassee Monroe Street, Suite 810 see, FL 32303			MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations	
Please 1		eck for the following amographic payable to: FLORIDA DE Fee	EPARTMENT ( g Fee &	\$78.	FATE 75 Filing Fee & ified Copy	S87.50 Filing Fee. Certificate of State Certified Copy	.1s &

# 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.

`` ————	CORPORATED		<del></del>	
	orporation; must include "INCORPORATED," orp." "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
GELTCO F				
(If name unavaila	ble in Florida, enter alternate corporate name a	dopted for the purpose of transacting bu	isiness in Florida)	
. ILLINOIS	3	36-4164723		
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)		
05/13/1997	5.			
(Date	of incorporation) 5	perpetual)		
	(Date first transacted business in 607.1501 & 607.1502, F.S., to determine pena			
<u>425 HUEHI</u>	L RD., UNIT 4B, NORTHBROOK , IL 6 (Principal offic	60062 e <u>street</u> address)		
	(Current mailing	address, if different)	·	
. Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)	7522 W.J1	
Name:	DMITRIY MELESHKO			
ffice Address:	1250 E HALLANDALE BEACH BLV	/D, SUITE 807 		
	HALLANDALE BEACH	, Florida 33009 (Zip code)	PH	
	(City)	(Zip code)	ċù	
Danistana dan	m42a		8	
	nt's acceptance: ed as registered agent and to accept service	e of process for the above stated co.	rnoration at the	

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 Name: LEONID LEVIN Name: DMITRIY MELESHKO Chairman □ Chairman Address: 1854 CENTRAL AVE Address: 2105 BEECHNUT □Vice Chairman □ Vice Chairman NORTHBROOK IL 60062 NORTHBROOK IL 60062 □ Director □Director President □ President □Vice President Secretary ☐ Treasurer □ Secretary ⚠ Treasurer ☐Other \_\_\_\_ ☐Other \_\_\_\_\_ □Other \_\_\_\_\_ ☐Other \_\_\_\_\_ Name: \_\_\_\_\_ Name: □ Chairman □ Chairman □ Vice Chairman Address: ☐ Vice Chairman Address: □ Director □ Director □President □President ☐ Vice President ☐ Vice President Trea □Other 122 First + □ Secretary □ Secretary ☐Treasurer □ Other □Other Other Name: ☐ Chairman □ Chairman Name: □Vice Chairman Address: \_\_\_\_\_\_ □Vice Chairman Address: □ Director □Director വ □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. 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)

DMITRIY MELESHKO



## 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

GELTCO, INCORPORATED, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 13, 1997, 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 22ND

day of

JULY

Authentication #: 2220302720 verifiable until 07/22/2023

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

SECRETARY OF STATE