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| (R                      | equestor's Name)       |
|-------------------------|------------------------|
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| (C                      | ity/State/Zip/Phone #) |
| PICK-UP                 | ☐ WAIT ☐ MAIL          |
| (B                      | usiness Entity Name)   |
| (D                      | ocument Number)        |
| Certified Copies        | Certificates of Status |
| Special Instructions to | Filing Officer:        |

Office Use Only



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S. FRANKLIN AUG - 8 2022

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |  |
|--|--|
| SUBJECT: US SPA COCP   |  |
| Name of corporation  | on - must include suffix   |
| Dear Sir or Madam:   |  |
| The enclosed "Application by Foreign Corporation fo "Certificate of Existence," or "Certificate of Good Sta above referenced foreign corporation to transact busin | inding" and check are submitted to register the  |
| Please return all correspondence concerning this matter  | er to the following:   |
| Zohajr S   | Sultan   |
|  |  |
| US SPA   | Corb.  |
| Firm/Co  | mpany 😊 🗀  |
| Lombard, I<br>City/State<br>Zee @ medse fla  | ress - 60/48 -   |
| City/State<br>Zee @ medse +/a  | and Zip code bs. Com   |
| E-mail address: (to be used  | for future annual report notification)   |
| For further information concerning this matter, please   | call:  |
| Zohair Sultan at 312 Name of Person Area Co  | de 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             |
| Enclosed is a check for the following amount:  Please make check payable to: <b>FLORIDA DEPARTMEN</b> \$70.00 Filing Fee \$  Certificate of Status                 | T OF STATE  □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy Certificate of Status & 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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. Thingis
(State or country under the law of which it is incorporated)

3. 83 075 0756
(FEI number, if applicable) 4. Ob/01/2018 5. (Date of incorporation) 5. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 920 N. Ridge Ave. Unit A4. Lombard, IL

(Principal office street address), FL

(Current mailing address, if different) 8. Name and street address of Florida registered agent; (P.O. Box NOT acceptable) Zohair Sultan

851 Ne 1st Ave unt 2203

Miami : Florida 33/32
(City) (Zip code) Office Address: 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.

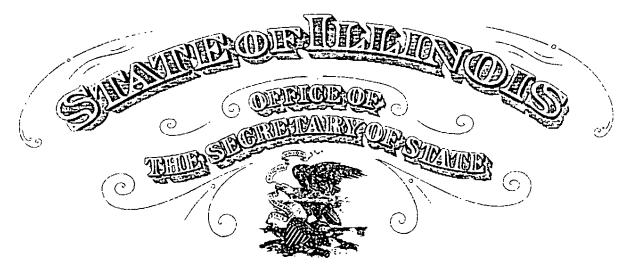
| A. DIRECTÓRS   | · · • • • • • • • • • • • • • • • • • • | • 11          |                 |          |             |  |  |
|--|---|---------------|-----------------|----------|-------------|--|--|
| Chairnian  | Name: Zø                                | hair Sultan   | □ Chairman      | Name:    |             |  |  |
| □Vice Chairman   | Address: 8                              | 31 Ne 1St Ave | □Vice Chairman  |          | <u> </u>    |  |  |
| □Director ·  | unit                                    | 2203          | □Director       |          |             |  |  |
| □President   | Miami                                   | FC 33132      | □President      |          |             |  |  |
| □Vice President  |   |               | □Vice President |          |             |  |  |
| ☐ Secretary  |   | □Treasurer    | ☐ Secretary     |          | □Treasurer  |  |  |
| □Other   |   | □Other        | □Other          |          | □Other      |  |  |
|  |   |               |                 |          |             |  |  |
| □Chairman <sup>*</sup>   | Name:                                   |               | □Chairman       | Name:    |             |  |  |
| □Vice Chairman   | Address:                                |               | □Vice Chairman  | Address: |             |  |  |
| □ Director   |   |               | Director        |          |             |  |  |
| □President .   |   |               | President       |          |             |  |  |
| □Vice President  | <u>,</u>                                | ·             |                 |          |             |  |  |
| ☐ Secretary  |   | ☐ Treasurer   | □Secretary      |          | □Treasurer  |  |  |
| Other  |   | □Other        | Other           |          | Other 7024  |  |  |
|  |   |               |                 |          | 54 f.:      |  |  |
| □Chairman  | Name:                                   | ·<br>         | □Chairman       | Name:    | ر ي         |  |  |
| □Vice Chairman   |   |               | □Vice Chairman  | Address: | <del></del> |  |  |
| □Director  |   |               | Director        |          |             |  |  |
| □Presidem  |   |               | □President      |          | #           |  |  |
| □Vice President  |   |               | □Vice President |          | ·           |  |  |
| □Secretary   |   | □Treasurer    | ☐ Secretary     |          | □Treasurer  |  |  |
| Other  | <del></del>                             | □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 Horida Department of State Annual Report form.  |   |               |                 |          |             |  |  |
| 12. Signature of Director or Officer   |   |               |                 |          |             |  |  |
| The officer of heavy similar third and of the habitation and the habitation of the h |   |               |                 |          |             |  |  |

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. Zohair Syltan
(Typed or printed name and capacity of person signing application)

### File Number

7185-997-5



# 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

US SPA CORP., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF

THIS STATE ON JUNE 01, 2018, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF TEES 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 2ND day of A.D.AUGUST 2022

Authentication #, 2221402022 verifiable until 08/02/2023 Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE



July 18, 2022

ZOHAIR SULTAN 851 NE 1ST AVE UNIT 2203 MIAMI, FL 33132 US

SUBJECT: US SPA CORP Ref. Number: W22000094262

We have received your document for US SPA CORP and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a foreign corporation, but your entity is a foreign limited liability company. Please complete and return the enclosed blank form(s).

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 922A00016005

RECEIVED

AUG 0 8 2022

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