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Certified Copies	_ Certificates	of Status	
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S. FRANKLIN AUG - 1/3 2022

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Sultan Consulting Co	эгр		
SUBJECT:	Name of corporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by For "Certificate of Existence," or "Ce above referenced foreign corporations."	rtificate of Good Standi.	ng" and check are subn	Business in Florida," nitted to register the
Please return all correspondence of	concerning this matter to	the following:	
Zohair Sultan			
	Name of Pe	erson	
Sultan Consulting Corp			
	Firm/Compa	any	2024 1/17: -9
851 ME 1st Ave			- ALL
	Address	S	.)
Miami, FL, 33132			
	City/State and	l Zip code	
zeeta/latan.com			ري
E-mai	l address: (to be used for	r future annual report no	otification)
For further information concerning	ng this matter, please cal	i:	
Zohair Sultan	at (<u>312</u>	4981738	
Name of Person	Area Code	Daytime Teleph	ione Number
STREET/COURIER A Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street. Tallahassee, Fl. 32303	i re	MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fi	ection rporations
<u> </u>	RIDA DEPARTMENT (OF STATE \$78.75 Filing Fee & Certified Copy	S87,50 Filing Fee. Certificate of Status & Certified Copy

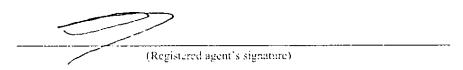
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

	ng Corp.	
(Futer name of c "Inc." "Co.," "C	orporation; must include "INCORPORATED," * orp," "Inc," "Co," or "Corp,")	COMPANY," "CORPORATION,"
(If name unavail	able in Florida, enter alternate corporate name ado	opted for the purpose of transacting business in Florida)
HAINOIS	3 83	4-0635693
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)
04/27/2018	•	
(Date	of incorporation)	(Date of duration, if other than perpetual)
	(Date first transacted business in F (SEE SECTIONS 607-1501 & 607.1502	
920 N. Ridge Av		, F.S., to determine penalty liability)
. 920 N. Ridge Av	(SEE SECTIONS 607 1501 & 607.1502 e. Unit A4 Lombard, FL 60148 (Principal office Unit 2203, Miami FL 33132	street address)
920 N. Ridge Av	(SEE SECTIONS 607 1501 & 607.1502 e. Unit A4 Lombard, FL 60148 (Principal office Unit 2203, Miami FL 33132	street address) address, if different) Box NOT acceptable)
920 N. Ridge Av	(SEE SECTIONS 607 +501 & 607.1502 e. Unit A4 Lombard, FL GOLVS (Principal office Unit 2203, Miami FL 33132 (Current mailing a	street address) address, if different) Box NOT acceptable)
851 NE 1st Ave	(SEE SECTIONS 607 (50) & 607.1502 e. Unit A4 Lombard, FL (20) V8 (Principal office Unit 2203, Miami FL 33132 (Current mailing a	street address) siddress, if different) Box NOT acceptable)
920 N. Ridge Av 851 NE 1st Ave Name and <u>stre</u> Name:	(SEE SECTIONS 607 +501 & 607.1502 e. Unit A4 Lombard, FL GOLV8 (Principal office Unit 2203, Miami FL 33132 (Corrent mailing a cet address of Florida registered agent: (P.O. 1 Zohair Sultan	street address) address, if different) Box NOT acceptable) P

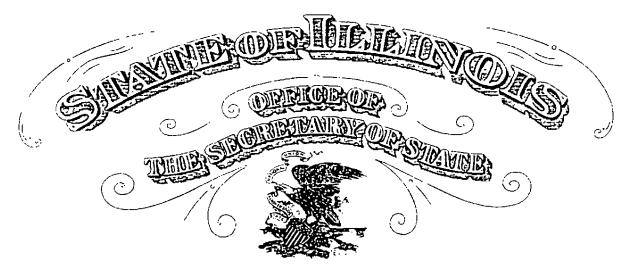
Registered agent's acceptance:

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.



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 Zohair Sultan □ Chairman Name: ______ 🗪 Chairman 851 NE 1st Ave Address: ☐ Vice Chairman Address: ____ __ __, ____ Vice Chairman Unit 2203 Director **□**Director Miami, FL 33132 □ President President □ Vice President ... Vice President ☐ Freasurer □Treasurer Secretary T Secretary ⁻ Other □ Other ______ Name: _____ Numer _____ *Chorman □Chairman Address: TVice Chairman Address: □Vice Chairman Director L.Director III President President ______ □Vice President TiVice President ☐Treasurer ¹Secretary L. Treasurer ☐ Secretary □Other ______ □Other _____ □Other _____. Name: ¹¹Chairmaii □ Chairman Name: Address: ____ Vice Chairman Address: □ Vice Chairman . Director Director LaPresident President C Vice President □Vice President **D**Secretary Treasurer Secretary ☐ Treasurer COther _____ □ Other ______ IlOther______ 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 1) above) affirms that the facts stated herein are true and that he or die is aware that talse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 81 - 188, E.S. Zohair Sultan



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

SULTAN CONSULTING CORP., A DOMESTIC CORPORATION, INCORPORATED UNDERSTHE LAWS OF THIS STATE ON APRIL 27, 2018, 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 19TH day of JUNE A.D. 2022 .

Authentication #, 2210101714 verifiable until 04/11/2023

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

Desse White

SECRETARY OF STATE