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DEC 10 2022 M. SOLOMON

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: TOASTED :	SUGAR INC.	
Name of corporation	ı - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Star above referenced foreign corporation to transact business.	nding" and check are submitted to register the	
Please return all correspondence concerning this matter	r to the following:	
SUMMER	KORTKAMP	
Name of	Person	
TOASTED SUE	SAR INC.	
Firm/Con	ipany	
525 DARCEY	1 DRIVE	
WINTER P	4RK, FLORIOA 32792	
City/State a	nd Zip code	
TOASTED SU GARSWEETS (to be used	SMAIL.COM	
E-mail address: (to be used		
For further information concerning this matter, please	call:	
SUMMER KORTKAMP at (312 Name of Person Area Cod	909-2882 Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations	
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT \$70.00 Filing Fee \$	F 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. TOASTED SUGAL INC.

(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. ILLI NOIS, U.S.A. 3. 86-2705370
(State or country under the law of which it is incorporated) (FEI number, if applicable) 4. 03/18/2021 5. PERPETUAL

(Date of incorporation) (Date of duration, if other than perpetual) 2/10/22 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607,1501 & 607,1502, F.S., to determine penalty liability) (Current mailing address, if different)

STARL DRIVE, WINTER PARK, FL

(Principal office street address)

(SAME)

(Current mailing address, if different) 8. Name and street address of Florida registered agent; (P.O. Box NOT acceptable) SUMMER KORTKAMP S25 DARCEY DRIVE

WINTER PARK
, Florida 32792

(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. DIRECTORS	- 1. 11			
□Ch'airman	Name: Summer Kortkamp	□Chairman	Name:	
□ Vice Chairman	Name: Summer Kortkamp Address: 525 Davcey Drive	□Vice Chairman	Address:	
□Dircctor	winter Park, FL	□Director		
President	32792	□President		
□ Vice President		□Vice President		
☐ Secretary	☐ Treasurer	Secretary		☐Treasurer
□Other	Other	C)ther		□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
□Chairman	Name:	□Chairman	Name:	: 유
□Vice Chairman	Address:	☐ Vice Chairman	Address:	
□ Director		Director		· · · · · · · · · · · · · · · · · · ·
□President		□President		<u> </u>
☐ Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other		□Other		□Other
Important Notice: Undividuals may be	Use an attachment to report more than six (6). The attachment added to the index when filing your Florida Departme	chment will be image int of State Annual Re	ed for reporting eport form.	purposes only. Non-indexed
12.	Signature ut Director o	-(00)		
The officer or direct she is aware that fats.817.155, F.S.	ctor signing this document (and who is listed in number also information submitted in a document to the Depart	r.H above) affirms the ment of State constitu	ites a third degr	ed herein are true and that he or see felony as provided for in

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



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

TOASTED SUGAR INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 18, 2021, 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 11TH day of NOVEMBER A.D. 2022 .

Authentication #: 2231501412 verifiable until 11/11/2023

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

Desse White

SECRETARY OF STATE