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| (F | lequestor's Name) | |
|-------------------------|-------------------------|---------------------------------------|
| A) | ddress) | |
| A) | .ddress) | · · · · · · · · · · · · · · · · · · · |
| (C | City/State/Zip/Phone #) | |
| PICK-UP | ☐ WAIT | MAIL |
| (E | Business Entity Name) | |
| (C | Ocument Number) | |
| Certified Copies | Certificates of | Status |
| Special Instructions to | o Filing Officer: | |
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Office Use Only



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S. FRANKLIN FEB 0 9 2023

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.

| (If name unavaila | able in Florida, enter alternate corporate name | adopted for the purpose of transacting but | siness in Florida | |
|---|---|--|--|--|
| Delaware | 3 | | | |
| (State or countr | y under the law of which it is incorporated) | (FEI number, if applica | ble) | |
| 1/23/2023 | 5 | | | |
| (Date of incorporation) 5. (Date | | (Date of duration, if other than | Date of duration, if other than perpetual) | |
| | | | | |
| | (Date first transacted business in | n Florida, if prior to registration) 502, F.S., to determine penalty liability) | | |
| 15310 AMBERLY DR STE 250, TAMPA, FL 33647 | | 111 | | |
| | (Principal offi | ice street address) | | |
| 15310 AMBERL | Y DR STE 250.TAMPA, FL 33647 | | () | |
| (Current mailing address, if different) | | 0 | | |
| | | | | |
| Name and stree | t address of Florida registered agent: (P.C | D. Box NOT acceptable) | | |
| Name: | Registered Agents Inc | | | |
| ffice Address: | 7901 4th St N STE 300 | | | |
| | St. Petersburg | Florida 33702 | | |
| | (City) | , Florida 33702(Zip code) | | |
| aving been nam signated in this rther agree to co | ent's acceptance: ed as registered agent and to accept servi application, I hereby accept the appoint comply with the provisions of all statutes r with and accept the obligations of my po | ce of process for the above stated cor nent as registered agent and agree to elative to the proper and complete pe | act in this cap rformance of i | |
| nd I am familiar | | | | |

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS Oleksandr Mandryk Name: _ Name: □ Chairman □ Chairman 15310 AMBERLY DR STE 250 Address: ☐ Vice Chairman □Vice Chairman Address: TAMPA, FL 33647 Director □ 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 ☐ 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 □ 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.

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CALATON CORPORATION" IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF JANUARY, A.D.

2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CALATON CORPORATION" WAS INCORPORATED ON THE TWENTY-THIRD DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES
HAVE BEEN ASSESSED TO DATE.

30 17 6

Authentication: 202575851

Date: 01-25-23