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S. FRANKLIN FEB 0 9 2023

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	IECT: MEGA DEVELOPMENT, IN	C.		
0000		of corporation	- must include suffix	
Dear S	Sir or Madam:			
"Ceni		of Good Stan	Authorization to Transact Business in Florida ding" and check are submitted to register the ss in Florida.	••
Please	return all correspondence concernia	ng this matter	to the following:	
George	e Mantzidis			
	· · · · · · · · · · · · · · · · · · ·	Name of	Person	
George	e Mantzidis, Esq.		:	
		Firm/Com	pany	
5150 T	amiami Trail North, Ste. 503			,
		Addre	ess	ि
Naples	i, Florida 34103			
		City/State ar	nd Zip code	`'
gcorge	@gmanlaw.com			ſ.,
	E-mail address	(to be used f	or future annual report notification)	
For fu	rther information concerning this ma	atter, please c	all:	
George	rge Mantzidis at () 438-4609			
	Name of Person	Area Code	e 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	
Please	sed is a check for the following amo make check payable to: FLORIDA DE 0.00 Filing Fee	PARTMENT g Fee &	**OF STATE 3 \$78.75 Filing Fee &	Status &

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.

1.	MEGA DEVEL	OPMENT, INC.		
(orporation: must include "INCORPORATED." orp," "Inc," "Co," or "Corp.")	"COMPANY." "CORPORATION."	
1	MEGA DEVEL	OPMENT OF FLORIDA, INC.		
(If name unavaila	able in Florida, enter alternate corporate name ac	dopted for the purpose of transacting bus	iness in Florida)
2.	Illinois	3.	36-4020060	
~	(State or country	y under the law of which it is incorporated)	(FEI number, if applicab	ole)
4.	06/07/1995	5		
٦	(Date	of incorporation)	(Date of duration, if other than p	erpetual)
6				
		(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration)	
1-	7 F. Grand Ave		2.1.5 to determine penalty harmly /	
7	r iz. Cirana Mc.	Suite 201 Fox Lake, IL 60020		
		(Principal office	e <u>street</u> address)	2
_				2017
		(Current mailing	address, if different)	* . -
				بر. 0
8. 1	Name and <u>stree</u>	t address of Florida registered agent: (P.O.	Box NOT acceptable)	<u>ن</u> -
	Name:	George Mantzidis		
	, ,,,,,,,	5150 Tamiami Trail North, Ste. 503	<u> </u>	(1)
Off	ice Address:	7139 Talliani Tran Fordi, de, 595	<u></u>	٠.
		Naples	. Florida 34103	
		(City)	(Zip code)	

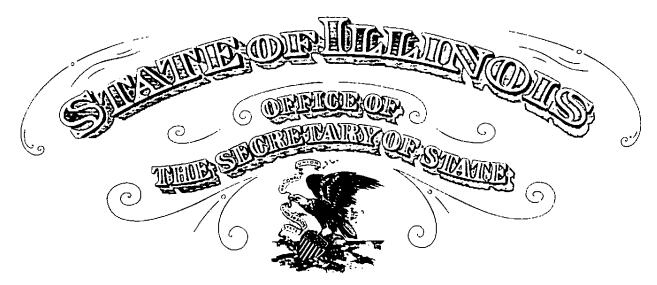
9. Registered agent's acceptance:

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.

Mum) (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				
□Chairman	John Pappas Name:	□Chairman	Name:	, , , , , , , , , , , , , , , , , , ,
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director	CAPE CORAL, FL 33904	□Director		
□President		□President		
□ Vice President		□Vice President		
■ Secretary	□Treasurer	☐ Secretary		☐Treasurer
Other	□Other	□Other		□ Other
☐ Chairman ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President ☐ Secretary ☐ Other	Charlene Morler 4708 N SABATH RD Address: MCHENRY IL 60050 Treasurer Other	□Chairman □Vice Chairman □Director □President □Vice President □Secretary	Address:	☐Treasurer :>
				7.7
□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
The officer or direshe is aware that is s.817.155, F.S.	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment the index when filing your Florida Department Sec. Signature of Director ector signing this document (and who is listed in number information submitted in a document to the Department Sec.	ent of State Annual Re or Officer per 11 above) affirms th	eport form. nat the facts statutes a third degr	ed herein are true and that he or ree felony as provided for in



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, 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

MEGA DEVELOPMENT, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 07, 1995, 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 24TH day of JANUARY A.D. 2023.

Authentication #: 2302403216 verifiable until 01/24/2024

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

Alexi Giannol

SECRETARY OF STATE