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#### **COVER LETTER**

TO:		tration Section ion of Corporations					
SUBJ	FCT.	INARADO INCORPORATED					
оора	ECI.	Name of	corporation	- must	include suffix		
Dear S	ir or M	adam:					
"Certif	icate o	"Application by Foreign Corp f Existence," or "Certificate of ced foreign corporation to tran	f Good Stan	iding" ai	nd check are submit		
Please	return	all correspondence concerning	g this matter	to the f	ollowing:		
SIARH	EI TSV	TATKOV					
			Name of	Person			
INARA	ADO IN	CORPORATED					
		15 11.	Firm/Com	npany			
910 IN	DIGO (	CT CT					
			Addre	uss			
ПАМО	VER P	ARK II, 60133					
		(	City/State a	nd Zip c	ode		
МҮСО	MPAN	YINC2011@GMAIL.COM					
		E-mail address: (	to be used f	for futur	e annual report noti	fication)	
For fur	ther in	formation concerning this mat	ter, please c	all:			
SIARHEI TSVIATKOV			847 69		Daytime Telephone Number		
	Nam	e of Person	Area Cod	e '	Daytime Telephon	ne Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					MAILING ADD Registration Sect Division of Corpe P.O. Box 6327 Tallahassee, FL	ion orations	
Please i	nake cl	check for the following amounted payable to: FLORIDA DEPing Fee S78.75 Filing Certificate of	ARTMENT	ב \$78.7∶		■ \$87.50 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.

INARADO INC					
	orporation; must include "INCORPORATED," " orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION	l."		
(If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transacting	g business in Flori	daj	
ILLINOIS	3 83	3 83-3354911			
2. ILLINOIS 3. 83-33 (State or country under the law of which it is incorporated)		(FEI number, if app	olicable)		
12/17/2018	5				
(Date	of incorporation)	(Date of duration, if other than perpetual)			
02/01/2023					
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	, F.S., to determine penalty liabilit	y)		
6421 N FLORID	(SEE SECTIONS 607.1501 & 607.1502  A AVE D-1879 TAMPA FL 33604  (Principal office	, F.S., to determine penalty liabilit			
6421 N FLORID	(SEE SECTIONS 607.1501 & 607.1502  A AVE D-1879 TAMPA FL 33604  (Principal office	, F.S., to determine penalty liabilit			
	(SEE SECTIONS 607.1501 & 607.1502  A AVE D-1879 TAMPA FL 33604  (Principal office	, F.S., to determine penalty liabilit street address) address, if different)			
	(SEE SECTIONS 607.1501 & 607.1502  A AVE D-1879 TAMPA FL 33604  (Principal office  (Current mailing a	, F.S., to determine penalty liabilit street address) address, if different)	2023 3. 131	20 1 1 1 1 1 P.4	
. Name and <u>stre</u> Name:	(SEE SECTIONS 607.1501 & 607.1502  A AVE D-1879 TAMPA FL 33604  (Principal office  (Current mailing a	, F.S., to determine penalty liabilit street address) address, if different)	2023 (1.04.0)	Z.	
. Name and <u>stre</u>	(SEE SECTIONS 607.1501 & 607.1502  A AVE D-1879 TAMPA FL 33604  (Principal office  (Current mailing a standards of Florida registered agent: (P.O. ESTARHELTSVIATKOV)	street address)  ddress, if different)  Box NOT acceptable)	2023 (1.04.0)		

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	• ,				
□Chairman	Name: SIARHEI TSVIATKOV	□Chairman	Name:Address:		
□Vice Chairman	Address:	□Vice Chairman			
Director	HANOVER PARK II. 60133	□Director			
■ President		□President			
□Vice President		□Vice President			
<b>■</b> Secretary	□Treasurer	☐ Secretary		□Treasurer	
□Other	Other	□Other		□Other	
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		Director			
□President		□President		<del></del>	
□Vice President		□Vice President		<del></del>	
□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	
individuals may be	Use an attachment to report more than six (6). The atta added to the index when tiling your Florida Departme TSGWA Ros	ent of State Annual R	eport form.		
	Signature of Director of	or Officer			
	etor signing this document (and who is listed in number also information submitted in a document to the Depart				
13. SIARHELTS	VIATKOV				

#### File Number

#### 7213-233-5



## 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

INARADO INCORPORATED, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 17, 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 26TH day of JANUARY A.D. 2023

Authentication #: 2302603958 verifiable until 01/26/2024

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