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2023 SEP -5 PH 2: 09
SECRETARY OF STATE

COVER LETTER

TO: Registration of Division of C					
SUBJECT: BEALG	Y INVESTMENTS	LIMITED, INCO	DRPORATED		
	Name	of corporation	- must include suffix		
Dear Sir or Madam:					
	nce." or "Certificate	of Good Stanc	Authorization to Transacling" and check are subs in Florida.		
Please return all corre	spondence concern	ing this matter	to the following:		
MITCHELL D. PAWL	AN				
		Name of I	erson		
PAWLAN LAW, LLC					
,	19	Firm/Comp	oany		
1751 LAKE COOK RO	OAD, SUITE 400				
		Addre	88		
DEERFIELD, IL 6001:	5-5286				
		City State ar	d Zip code		
MPAWLAN@PAWLA	NNLAW.COM				
	E-mail address	c (to be used fo	or future annual report n	otification)	
For further informatic	on concerning this n	natter, please ca	ıll:		
MITCHELL D. PAWI.	AN	847 at (418-3447	418-3447	
Name of Per	son	Area Code	Daytime Telepl	none Number	
Registration S Division of C The Centre of	orporations f Fallahassee roe Street, Suite 810		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	
Enclosed is a check for Please make check pays. \$\sum \\$70.00 \text{Filing Fee}\$	ible to: FLORIDA D	EPARTMENT g Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87,50 Filing Fee. Certificate of Status & Certified Conv	

APPLICATION BY FORFIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BESINESS IN FLORIDA

BEALCY INV	STMENTS LIMITED, INCORPORATED			
	orporation, must include "INCORPOR VEED," orpor "Inc." "Co" or "Corp.")	COMPANY "CORPORALI	ON.	
REPUBLIC OF	able in Horida, enter alternate corporate name add CYPRUS			
(State or count)	y under the law of which it is incorporated)	(FFI number, if applicable)		
APRIL 9, 2008	5.			
(Data	of incorporation)	(Date of duration, if other than perpetual)		
25 NE 5TH STR	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 EET, APT 3426, MIAMI, FL 33132		oility)	
	(Principal office	street address)		
		ddress, if different)		
	(Current mailing :			
Name and stre	(Current mailing : <u>et address</u> of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptable)	ZDZ3 S SECR TAL	
Name and stre		Box <u>NOT</u> acceptable)	Z023 SEP SECRETA TALLAH	
	<u>et address</u> of Florida registered agent: (P.O. I	30x <u>NOT</u> acceptable)	ASS P	
Name:	a address of Florida registered agent: (P.O. I		2023 SEP -5 PH 2: 09 SECRETARY OF SEATE	

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.K. STAR DIRECTORS LTD. A.K. STAR SECRETARY LTD AG NIKOLAOU, 35 AG NIKOLAOU 35 FLAT OFFICE I FLAT OFFICE I **i** Dπector Duscher EGKOMI, 2408 EGKOMI, 2408 President President NICOSIA, CYPRUS NICOSIA, CYPRUS Vice President Vice President Treasurer ■ Secretary : Treasurer "Necretary DOther _ _ JOther lOther _____ Name: VIACHESLAV AZARENKO DANNY AZARENKO 二Chairman ⊒Chairman 25 NE 5TH STREET, APT 3426 Address: ___ 25 NE 5TH STREET, APT 3426 □Vice Chairman Address: _ ≣Vice Chairman MIAMI, FL 33132 MIAMI, FL 33132 Director Director □ President President □Vice President □ Vice President □ Secretary ☐Treasurer □ Secretary □ Treasurer ■Other ____ □Other _____ □Other _____

□ Vice Chairman	Address:	□Vice Chairman	Address:
□Ducctor	····	□Director	
□President		□President	
□ Vice President		□Vice President	
□Secretary	□Treasurer	□ Secretary	☐ Treasurer
□Other	□Other	∃Other	□Other

II Chairman

Name: _____

Name:

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 xong Florida Department of State Annual Report form. Signature of Director or Officer

The officer of 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 fellow as provided for in s.817,155, F.S.

DANNY AZARENKO PRESIDENT

□ Chairman

APOSTILLE

(Convention de La Haye du 5 octobre 1961)

1. Country: Cyprus

This public document

- 2. has been signed by Georgios Triftarides
- 3. acting in the capacity for Registrar of Companies
- 4. bears the seal/stamp of Department of Registrar of Companies and Intellectual Property, Ministry of Energy, Commerce and Industry

Certified

5. at APOSTILLE - MJPO

6. the 21/08/2023

- 7. by Myria Georgiou
- 8. No NIC MJPO-NIC 000687949/2023

9. Seal/stamp:

10. Signature:

For Permanent Secretary
Ministry of Justice and Public Order
84656026

