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S. FRANKLIN
DEC - 6 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DYNAMIC WHOLESALE LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Hafiz Yaqoob

Name of Person

DYNAMIC WHOLESALE LLC

Firm/Company

8060 Lawndale Avenue

Address

Skokie, IL 60076

City/State and Zip Code

hyaqoob777@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hafiz Yaqoob

847

322-6864

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

974:46
974:46

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. DYNAMIC WHOLESALF, L.L.C.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Illinois 92-0662880
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 8060 Lawndale Avenue
(Street Address of Principal Office)

6. 8060 Lawndale Avenue
(Mailing Address)

Skokie, IL 60076

Skokie, IL 60076

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee 32301
(City) Florida (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Linda J. Snook Linda J. Snook, Asst. VP

2002-11-09 PM 4:46

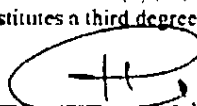
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input type="checkbox"/> Manager	Name:	_____	_____	<input type="checkbox"/> Manager	Name:	_____	_____
<input checked="" type="checkbox"/> Member	Address:	8060 Lawndale Avenue	_____	<input checked="" type="checkbox"/> Member	Address:	8060 Lawndale Avenue	_____
<input type="checkbox"/> Authorized	_____	Skokie, IL 60076	_____	<input type="checkbox"/> Authorized	_____	Skokie, IL 60076	_____
Person	_____	_____	_____	Person	_____	_____	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Manager	Name:	_____	_____	<input type="checkbox"/> Manager	Name:	_____	_____
<input type="checkbox"/> Member	Address:	_____	_____	<input type="checkbox"/> Member	Address:	_____	_____
<input type="checkbox"/> Authorized	_____	_____	_____	<input type="checkbox"/> Authorized	_____	_____	_____
Person	_____	_____	_____	Person	_____	_____	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Manager	Name:	_____	_____	<input type="checkbox"/> Manager	Name:	_____	_____
<input type="checkbox"/> Member	Address:	_____	_____	<input type="checkbox"/> Member	Address:	_____	_____
<input type="checkbox"/> Authorized	_____	_____	_____	<input type="checkbox"/> Authorized	_____	_____	_____
Person	_____	_____	_____	Person	_____	_____	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____	<input type="checkbox"/> 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.

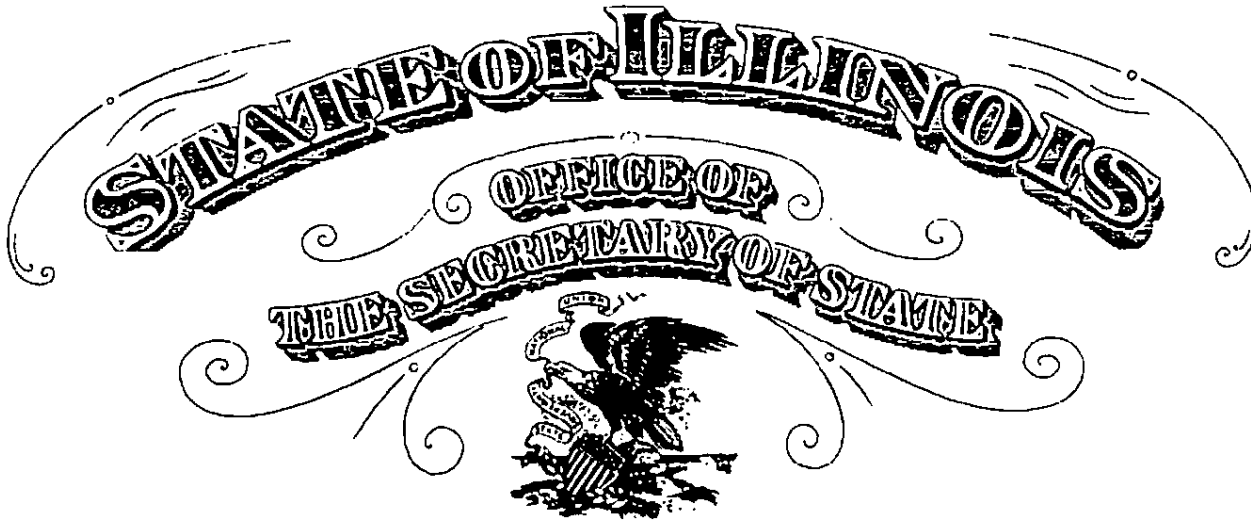
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.


Signature of an authorized person

File Number

1234517-8



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

DYNAMIC WHOLESALE LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 11, 2022, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

2022 OCT 11 PM 4:16



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 21ST
day of OCTOBER A.D. 2022 .

Jesse White

SECRETARY OF STATE