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| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Durings Full No. 1)                    |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| _  | tration Section  |   |  |  |  |  |  |  |  |
|--|------------------|---|--|--|--|--|--|--|--|
| SUBJECT: FOREIGN CORPORATION APPLICATION - NELLA CONSULTING INC.   |                  |   |  |  |  |  |  |  |  |
| Name of corporation - must include suffix  |                  |   |  |  |  |  |  |  |  |
| Dear Sir or M  | ladam:           |   |  |  |  |  |  |  |  |
| "Certificate o   | f Existence," o  | by Foreign Corp<br>r "Certificate of<br>rporation to tran | f Good Stand                                     | Authorization to Transac<br>ling" and check are sub<br>s in Florida.                               | et Business in Florida,"<br>mitted to register the         |  |  |  |  |
| Please return  | all correspond   | ence concerning   | this matter                                      | to the following:  |  |  |  |  |  |
| TOMY NELL  | A                |   |  |  |  |  |  |  |  |
|  |                  | -   | Name of F  | erson  |  |  |  |  |  |
| NELLA CON  | SULTING INC.     |   |  |  |  |  |  |  |  |
|  |                  |   | Firm/Comp  | pany   | <del></del>  |  |  |  |  |
| 755 NORTH N  | MILWAUKEE A      | VENUE, FL I   |  |  |  |  |  |  |  |
|  |                  |   | Addre  | SS   |  |  |  |  |  |
| GLENVIEW,  | IL 60025         |   |  |  |  |  |  |  |  |
|  |                  |   | City/State an                                    | d Zip code   | <del></del>  |  |  |  |  |
| tomy@nellata   | k.com            |   |  |  |  |  |  |  |  |
|  | E                | -mail address: (  | to be used fo                                    | or future annual report r  | notification)  |  |  |  |  |
| For further in   | formation con    | cerning this mat  | ter, please ca                                   | all:   |  |  |  |  |  |
| TOMY NELL  | A                | a   | 847<br>t (                                       | 302-8556   | 302-8556  Daytime Telephone Number                         |  |  |  |  |
| Nam  | e of Person      |   | Area Code  | Daytime Telep  | hone Number  |  |  |  |  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |                  |   | Registration S<br>Division of Co<br>P.O. Box 632 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |  |  |  |  |  |
|  | neck payable to: | following amou FLORIDA DEF \$78.75 Filing Certificate of  | ARTMENT Fee &                                    | OF STATE<br>\$78.75 Filing Fee &<br>Certified Copy   | \$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.

| (If name unavai   | able in Florida, enter alternate corporate na   | me adopted for the purpose of transacting business in Florida) |  |  |
|---|---|--|--|--|
| ILLINOIS  |   | 3. 13-4254830  |  |  |
| (State or country under the law of which it is incorpora 06/12/2003 |   |  |  |  |
| (Date   | e of incorporation)   | (Date of duration, if other than perpetual)                    |  |  |
|   | · ·   | , , , , , , , , , , , , , , , , , , ,                          |  |  |
| JO NORTH WIL  | LWAUKEE AVENUE, FL I, GLENVIEW  | office street address)   |  |  |
|   |   | iling address, if different)                                   |  |  |
|   |   |  |  |  |
| Name:   | (Current ma   | P.O. Box NOT acceptable)                                       |  |  |
|   | (Current ma<br>et address of Florida registered agent: (<br>TOMY NELLA<br>12700 TROTTER BLVD<br>DAVIE | P.O. Box NOT acceptable)                                       |  |  |
| Name:   | (Current ma<br>et address of Florida registered agent: (<br>TOMY NELLA<br>12700 TROTTER BLVD          | P.O. Box NOT acceptable)  ———————————————————————————————————  |  |  |

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

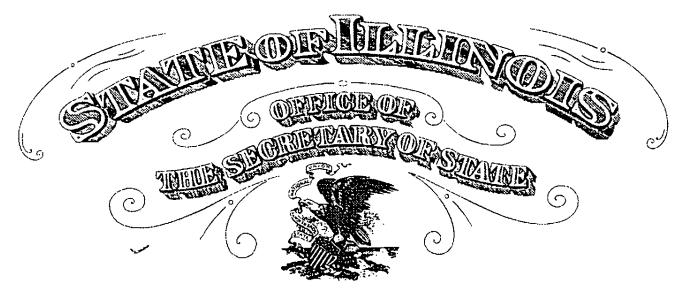
| Chairman  | TOMY NELLA              | □ Chairman         | Name:          |          |  |  |  |  |
|---|-------------------------|--------------------|----------------|----------|--|--|--|--|
| □Vice Chairman  | 755 NORTH MILWAUKEE AVE | □Vice Chairman     |                |          |  |  |  |  |
| □Director   | GLENVIEW, IL 60025      | □Dir <b>e</b> ctor |                |          |  |  |  |  |
| ■ President   |                         | □President         |                |          |  |  |  |  |
|   |                         | □Vice President    |                |          |  |  |  |  |
| Secretary   | □Treasurer              | Secretary          |                | reasurer |  |  |  |  |
| Other   |                         | Other              |                | ther     |  |  |  |  |
|   |                         | Comer              |                | dici     |  |  |  |  |
| □ Chairman  | Name:                   | □Chairman          | Name:          |          |  |  |  |  |
| □Vice Chairman  | Address:                | □Vice Chairman     | Address:       |          |  |  |  |  |
| □Director   |                         | □Director          |                |          |  |  |  |  |
| □President  |                         | □President         |                |          |  |  |  |  |
| □Vice President   |                         | □Vice President    |                |          |  |  |  |  |
| ☐ Secretary   | □Treasurer              | ☐ Secretary        |                | reasurer |  |  |  |  |
| ☐Other  | Other                   | Other              |                | ther     |  |  |  |  |
|   |                         |                    | <del>, -</del> |          |  |  |  |  |
| □Chairman   | Name:                   | □ Chairman         | Name:          |          |  |  |  |  |
| □Vice Chairman  | Address:                | □Vice Chairman     | Address:       |          |  |  |  |  |
| □Director   |                         | □Director          |                |          |  |  |  |  |
| □President  |                         | ☐ President        |                |          |  |  |  |  |
| □Vice President   |                         | □ Vice President   |                |          |  |  |  |  |
| ☐Secretary  | □Treasurer              | ☐ Secretary        | □т             | reasurer |  |  |  |  |
| Other   |                         | Other              |                | ther     |  |  |  |  |
| 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.  12. 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 of 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. |                         |                    |                |          |  |  |  |  |

13. TOMY NELLA, PRESIDENT

(Typed or printed name and capacity of person signing application)

#### File Number

6292-458-6



# 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

NELLA CONSULTING INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 12, 2003, 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 13TH day of JANUARY A.D. 2025 .

Authentication #: 2501301766 verifiable until 01/13/2026

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

Alexi Gianaval