# F250000000876

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone #	)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	1
(Do	cument Number)	
Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	
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Office Use Only

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January 16, 2025

KUNJANA THAKUR 19127 WIND DANCER ST LUTZ, FL 33558 US

SUBJECT: SUSS INTERNATIONAL INC

Ref. Number: W25000007366

We have received your document for SUSS INTERNATIONAL INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Andrea Andrews
Regulatory Specialist II

Letter Number: 225A00001143

RECEIVED FEB 0 7 2025

#### COVER LETTER

•	stration Section sion of Corporations				
SUBJECT:	SUSS INTERNATIONAL IN	IC			
		of corporation	- must inclu	de suffix	
Dear Sir or N	ladam:				
"Centificate o	l "Application by Foreign Co of Existence," or "Certificate need foreign corporation to tr	of Good Stan	ding" and ch	ieck are submi	
Please reason	all correspondence concerni	ng this matter	to the follow	ving:	
KUNJANA I	HAKUR				
	···	Name of	Person		
SUSS IN TER	NA HONAL INC				
	· · · · · · · · · · · · · · · · · · ·	Firm/Con	lbauñ.		
19127 WIND	DANCER ST				
		Addre	288		
1 UTZ, FL 33	558				
	·_	City/State a	nd Zip code		
satcheadh yta					
	E-mail address	: (to be used t	or future and	iual report not	ification)
For further û	iformation concerning this m	atter, please c	rall:		
KUNJANA T	HAKUR	312	203-2523		
Nan	ne of Person	Area Cod	e Day	time Telepho	ne Number
Regi Djyr The ( 2415	EET/COURIER ADDRES stration Section sion of Corporations Centre of Tallahassee FN, Monroe Street, Suite 810 thussee, FL 32303		Ro Di P,s	AILING ADI egistration Sec ivision of Con O. Box 6327 illahassee, FL	tion porations
	i check for the following amo ficek payable to: FLORIDA DI ling Fee	EPARTMENT g Foe & - C	OF STATE 3 \$78-75 Fili Certified C		S87.50 Filing Fee. Certificate of Status & Certified Copy

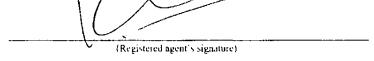
## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT RUSINESS IN THE STATE OF FLORIDA

	orporation, must include "INCORPORATED," " (op," "Inc," "Co," or "Coip.")	COMPANY," "CORPORATION,"
di nune ma, ni	who in Florida outer alternate connersie name ade	opted for the purpose of transacting business in Florida
HJ INOIS		
	y under the law of which it is incorporated)	(FEI number, if applicable)
	of incorporation)	(Date of duration, if other than perpetual)
(Date	of incorporation)	(Date of duration, if other than perpetual)
08-01-2024		
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	
1912 "WIKD D."		, F.S., to determine penalty liability)
	(SEI: SECTIONS 607.1501 & 607.1502 (NCFR ST. LUTZ, Ft. 33558	, F.S., to determine penalty liability)
	(SEI: SECTIONS 607.1501 & 607.1502 (NCFR ST, LUTZ, Ft. 33558) (Principal office ANC FR ST, LUTZ, Pt. 33558)	, F.S., to determine penalty liability)
19127 WIND D.	(SEI: SECTIONS 607.1501 & 607.1502 (NCFR ST, LUTZ, Ft. 33558) (Principal office ANC FR ST, LUTZ, Pt. 33558)	, F.S., to determine penalty liability)  street address)  ddress, if different)
(9427 WIND D.  Nome and <u>Mre</u> Name:	(SEI: SECTIONS 607.1501 & 607.1502 (NCFR ST. LUTZ, FL 33558  (Principal office ANCER ST. LUTZ, PL 33558  (Current mailing a cet address of Florida registered agent: (P.O. F	, F.S., to determine penalty liability)  street address)  ddress, if different)
(9427 WIND)D.  Nome and Mre	(SEE SECTIONS 607.1501 & 607.1502 (NCFR ST, LUTZ, FL 33558  (Principal office ANC FR ST, LUTZ, PL 33558  (Current mailing a cet address) of Florida registered agent: (P.O. EKUNJANA THAKUR	(F.S., to determine penalty liability)  street address)  ddress, if different)

#### 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 turther agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I om familiar with and accept the obligations of my position as registered agent.

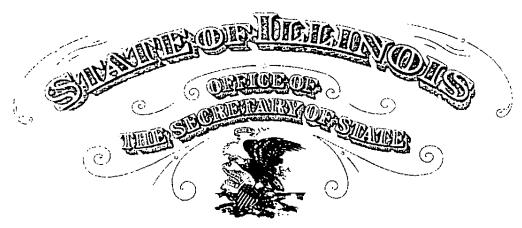


10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total)

ZChairman	Name	□ C]tairman	Name: SALMAN CHOUDHRY
II Vice Chamman	Address 19127 WIND DANCER ST	□Vice Chairman	Address: 1912" WIND DANCER ST
Director	1 UTZ, FL 33558	<b>■</b> Director	LUTZ, FL 33858
■ President		□President	
Vice President		☐ Vice President	
Secretary.	( Trensurer	■ Secretary	1 Treasurer
Other	'.: Other	[]Other	LIOther
Chaman	Name:	[]Chairman	Name:
_Vice Charman	Address	L'Vice Chairman	Address
Director		I JDirector	
[President		☐ President	
DVice President		□Vice President	
Secretary	T) Freasurer	☐ Secretary	i <sup>+</sup> Ireasurer
Other	□Uther	□Other	
Chairmin	Name:	□Chai <del>nna</del> n	Name:
Vice Charman	Address	□Vice Chairman	Address:
Durgtor		[]Director	
President		CiPresident	
Vice President		∐Vice President	
Searctary	1. Freasurer	U'Secretary	1 Treasure
Other	□ Cuther	l JOther	(Dother
	Use an attachment to report more than six (6). The added to the index when filing your Florida Depa		
	Signature of Direct	tor or Officer	

, KUNJANA THAKUR



## 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

SUSS INTERNATIONAL INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 17, 2017, 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 HELINOIS.



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 JANUARY A.D. 2025.

Turnsmication # 1256/104152 venticale until 01/21/2026 Authenticate at Intips Newwo-Bas gov

CTODETABLE OF STATE