# F25000001082

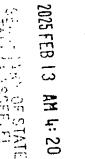
(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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## **COVER LETTER**

TO:	Registration Section Division of Corporations							
SUBJ	ECT:	WEBMA	LL US CORPRORA	ATION				
5020	2011		Name o	of corporat	on - n	nust include suffix		
Dear S	Sir or Ma	dam:						
"Certi	ficate of	Existenc		of Good S	tandin	g" and check are sub	et Business in Florida," mitted to register the	
Please	return a	ll corresp	ondence concerni	ng this mat	ter to	the following:		
DANII	EL VARZ	ZARI						
•				Name	of Per	son		
WEBM	MALL US	CORPO	RATION					
				Firm/C	ompar	ıy		
1449 S	Michiga	n Ave ST	E 13016, Chicago, 1	L 60605				
				Ad	dress			
Chicag	o, 1L 606	05						
				City/State	e and 2	Zip code		
OFFIC	E@WEB	MALL.U	S					
		_	E-mail address	: (to be use	d for f	uture annual report n	otification)	
For fu	rther info	ormation	concerning this m	atter, pleas	e call:			
DANIEL VARZARI at (312					)	3588023		
	Name	of Perso		Area C		Daytime Teleph	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Please		ck payabl	the following amo e to: FLORIDA DE \$78.75 Filing Certificate o	EPARTME g Fee &	□ \$7	STATE 8.75 Filing Fee & ertified Copy	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 BUSINESS IN THE STATE OF FLORIDA.

WEBMALL US	WEBMALL US CORPROARTION						
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATI	ON,"				
WEBMALL US	CORP.						
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transac	ting business in Florida)				
2. ILLINOIS	3						
(State or countr	y under the law of which it is incorporated)	(FEI number, if	applicable)				
4. SEP 20, 2024	5.						
(Date	of incorporation)	(Date of duration, if other than perpetual)					
6							
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)	lorida, if prior to registration)  2, F.S., to determine penalty liah	pility)				
1449 S Michigan	Ave STE 13016, Chicago, IL 60605		•				
/	(Principal office	street address)					
1449 S Michigan	Ave STE 13016, Chicago, IL 60605	,					
	(Current mailing	address, if different)	· · · · · · · · · · · · · · · · · · ·				
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	202 SF				
Name:	DANIEL VARZARI		2025 FEB				
Office Address:	924 N. Magnolia Ave., Suite 242	<del></del>	<u>ω</u>				
	ORLANDO	, Florida					
	(City)	(Zip code)	SFAT				
9. Registered age	ant's accentance		20				
	ent's acceptance. Led as registered agent and to accept service	of process for the above sta	ted corporation at the place				
	application, I hereby accept the appointme						
	omply with the provisions of all statutes rele with and accept the obligations of my posit		lete performance of my duti				
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
	lne a	Hich-					
	wy						
_	(Registered agent's sign	nature)					

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. DIRE€TORS\* DANIEL VARZARI Name: \_\_\_\_ □Chairman Chairman Name: 1449 S Michigan Ave STE 13016 □Vice Chairman Address: ☐ Vice Chairman Address: \_\_ \_\_\_\_\_ Chicago, IL 60605 □ Director □ Director □ President □ President ☐ Vice President ☐ Vice President Treasurer □ Secretary □Treasurer ■ Secretary □Other \_\_\_\_\_ Other \_\_\_\_\_ □Other \_\_\_\_\_ Other \_\_\_\_ □Chairman □ Chairman Name: \_\_\_\_\_ Name: □Vice Chairman Address: □Vice Chairman Address: ☐ Director Director ☐ President □ President □ Vice President □ Vice President □Treasurer □Treasurer □ Secretary □ Secretary ☐Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: □ Chairman ☐ Chairman □Vice Chairman Address: \_\_\_\_\_ ☐ Vice Chairman Address: Director □ Director □ President □President □Vice President \_\_\_\_\_ □Vice President ☐Treasurer □Treasurer ☐ Secretary ☐ Secretary □Other \_\_\_\_\_ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_ 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 or 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.

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

## File Number

7487-532-7



## 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

WEBMALL US CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 20, 2024, 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 6TH day of FEBRUARY A.D. 2025 .

Authentication #: 2503704170 verifiable until 02/06/2026

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

Alexi Sianarah SECRETARY OF STATE