

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : 120080000045
Phone : (302)645-7400
Fax Number : (302)645-1280

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: anais@modani.com

2022 MAR 31 AM 10: 25
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION
Modani Parent Inc.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$728.75

2022 MAR 31 PM 3: 12

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.

1. Modani Parent Inc.
(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "In.," "Co." or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/21/2021 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 11/10/2021
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3050 Biscayne Blvd, Suite 801, Miami, FL 33137
(Principal office street address)

(Current mailing address, if different)

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

Name: Registered Agents Inc.

Office Address: 7901 4th Street N, Ste 300

St. Petersburg, Florida 33702
(City) (Zip code)

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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 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.

Bill Hane
(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.

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

A. DIRECTORS

Chairman Name: Nathanael Cohen
 Vice Chairman Address: 3050 Biscayne Blvd, suite 801
 Director Miami, FL, 33137
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other CEO Other _____

Chairman Name: Yonel Fellous
 Vice Chairman Address: 3050 Biscayne Blvd, suite 801
 Director Miami, FL, 33137
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other COO Other _____


Chairman Name: Joey Separzadeh
 Vice Chairman Address: 3050 Biscayne Blvd, suite 801
 Director Miami, FL, 33137
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: Harris Roth
 Vice Chairman Address: 3050 Biscayne Blvd, suite 801
 Director Miami, FL, 33137
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: Jack Rochel
 Vice Chairman Address: 3050 Biscayne Blvd, suite 801
 Director Miami, FL, 33137
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: Anais Aubourg
 Vice Chairman Address: 3050 Biscayne Blvd, suite 801
 Director Miami, FL, 33137
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other CFO 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.

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 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.

13. Nathanael Cohen, CEO
(Typed or printed name and capacity of person signing application)

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MODANI PARENT INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.



6327015 8300

SR# 20221092870

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202966874

Date: 03-21-22