

12/21/23, 3:02 PM

Division of Corporations

F2300007065

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : Vcorp SERVICES, LLC
Account Number : I2008000067
Phone : (845)425-0077
Fax Number : (845)818-3588

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

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
CYERA US INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

RECEIVED
2023 DEC 21 PM 4:00
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 DEC 21 PM 2:09

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. CYERA US INC.
(Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "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) (FBI number, if applicable)

4. 08/18/2021 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 03/06/2023
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
500 7th Ave., New York, NY 10018

7. _____
(Principal office street address)

(Current mailing address, if different)

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

Name: Vcorp Agent Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

2023 DEC 21 PM 2:09

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.

Mimi Sanik

(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.

Chairman Name: Yotam Segev
 Vice Chairman Address: 400 W 63rd St., Apt 1902
 Director New York, NY 10069
 President _____
 Vice President _____
 Secretary Treasurer
 Other CEO Other _____

Chairman Name: Joseph Iantosca
 Vice Chairman Address: 230 Harding Rd
 Director Scotch Plains, NJ 07076
 President _____
 Vice President _____
 Secretary Treasurer
 Other CFO Other _____

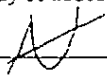
Chairman Name: Shira Azran
 Vice Chairman Address: 16 Abba Hilel St.
 Director Ramat Gan, Israel
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Itamar Bar-Ilan
 Vice Chairman Address: 12 West 75 St., Apt. 4A
 Director New York NY 10023
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ 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 Yotam Segev, 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 "CYERA US 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 DECEMBER, A.D. 2023.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CYERA US INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

6176770 8300

SR# 20234302664

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

Authentication: 204881361

Date: 12-21-23