

### Florida Department of State

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## FOREIGN PROFIT/NONPROFIT CORPORATION PERFECT TIME WATCHES & JEWELRY, INC.

Certificate of Status	; 1
Certified Copy	0
Page Count	04
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#### 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.

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    Corporate Creations Network Inc.	(Enter name of co	E WATCHES & JEWELRY, INC. orporation; must include "INCORPORATED orp," "Inc.," "Co.," or "Corp.")	O," "COMPANY," "CORPORATION,"			
(Current mailing address)  (Current mailing address, if different)  (Current mailing address.						
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  100 South Street, Philadelphia, PA 19147  (Principal office address)  (Current mailing address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    Corporate Creations Network Inc.	1072372014					
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Principal office address)  (Current mailing address, if different)  (Current mailing address)  (Current mailing address, if different)  (Current mailing address, if different)  (Current mailing address)  (Current mailing address, if different)  (Current mailing	(Date	of incorporation)	(Date of duration, if other than per	petual)		
(Current mailing address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    Corporate Creations Network Inc.		(SEE SECTIONS 607.1501 & 607.	1502, F.S., to determine penalty liability)	- 2018 S		
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    Corporate Creations Network Inc.	7	(Principal office address)				
Office Address:    Palm Beach Gardens   Florida   33410		(Current mai	ling address, if different)	in i		
Office Address:    Palm Beach Gardens   Florida   33410		1700m 1717 S. O. W				
Palm Beach Gardens (City)  (City)  (Cip code)  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.		11380 Prosperity Farms Road #221E				
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.	<b>5,1111</b>	Palm Beach Gardens	, Florida			
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.		(City)	(Zip code)			
Coitlin Lazerus, Special Secretary	Having been nan designated in this further agree to c	sed as registered agent and to accept set application, I hereby accept the appoin comple with the provisions of all statutes	ntment as registered agent and agree to ac s relative to the proper and complete perf	ct in this capacity.  I		
Callin Lazards, Opedia Gedietary			Caitlin Lazarus, Special Secret	tary		

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 Stage or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:		
A. DIRECTORS		
Chairman:		
Address:		
Vice Chairman:		
Address:		
		<del></del>
Mustapha Ben Abdallah  Director:		<del></del>
Address: 300 South Street, Philadelphia, PA 19147		3
	PS S	
Director:	<u> </u>	<u> </u>
Address:	<u> 55</u>	- T
		rr
B. OFFICERS	· デ エの	3 -
Mustapha Ben Abdallah Prosident:	500 mm t	ر خو
Address: 300 South Street, Philadelphia, PA 19147		9
Vice President:		
Address:		
Mustapha Hen Abdallah Socretary:		
300 South Street, Philadelphia, PA 19147 Address:		
Mustapha Ben Abdallah Treusurer:		<u>.</u>
Address: 300 South Street, Philadelphia, PA 19147		
NOTE: If necessary, you may attack an addendum to the application listing additional officers und/or of	lirectors.	
12.		<del>,</del>
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 11 above) affirms that the fac	cus stated here	ein
are true and that he or she is aware that false information submitted in a document to the Department of	State constin	ııtes
a third degree felony as provided for in \$:817.155, F.S.  Cairlin Lazarus, Attorney-in-Fact		
(Typed or printed name and capacity of person signing application)		

# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 09/12/2018

#### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

PERFECT TIME WATCHES & JEWELRY, INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC180912141215-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify