

10/7/22, 2:57 PM

Division of Corporations

F2200006242

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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.

((H22000345291 3)))



H22000345291EABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

2022 OCT 7 PM 10:29

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

From:
 Account Name : EXPRESS CORPORATE FILING SERVICE INC.
 Account Number : I20000000146
 Phone : (305)444-4994
 Fax Number : (305)328-4774

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

Email Address: _____

2022 OCT 7 PM 3:37

**FOREIGN PROFIT/NONPROFIT CORPORATION
 RULRR, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

S. FRANKLIN

OCT 10 2022

Help

Electronic Filing Menu Corporate Filing Menu

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. RULRR, 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

(State or country under the law of which it is incorporated)

3. 36-5030409

(FEI number, if applicable)

4. 07/29/2022

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. _____

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

7. 1401 BRICKELL AVENUE, SUITE 520, MIAMI, FL 33131

(Principal office street address)

(Current mailing address, if different)

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

Name: ARAGON REGISTERED AGENTS, INC.

Office Address: 255 ALHAMBRA CIRCLE STE 500B

CORAL GABLES

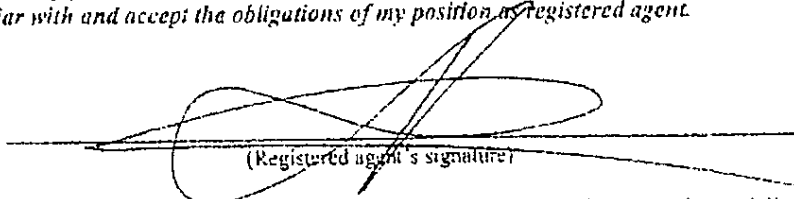
(City)

Florida 33134

(Zip 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.


(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):

2022 10 07 19:10:29

A. DIRECTORS

Chairman Name: AVIV ABECASIS

Vice Chairman Address: 1401 BRICKELL AVE STE 520

Director MIAMI, FL 33131

President _____

Vice President _____

Secretary Treasurer

Other CEO 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 _____

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 _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

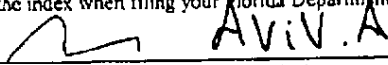
President _____

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.  Aviv.A
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. AVIV ABECASIS
(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
 DELAWARE, DO HEREBY CERTIFY "RULRR, 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 SIXTH DAY OF OCTOBER, A.D. 2022.

2022-10-07 19:01:16 GMT



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

6940802 8300

SR# 20223711657

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

Authentication: 204565509

Date: 10-06-22