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TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

November 5, 2004

IDO RONEN
2900 PHARR COURT, APT. 2315
ATLANTA, GA 30305

SUBJECT: I.O.L. CARTS, INC.
Ref. Number: W04000040748

We have received your document for I.O.L. CARTS, INC. and your check(s) totaling $70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6890.

Jason Merrick
Document Specialist

Letter Number: 004A00063604

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: I.O.L. CARTS, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

IDO RONEN
(Name of Person)

I.O.L. CARTS, INC.
(Firm/Company)

2900 PHARR COURT, APT 2315
(Address)

ATLANTA,GA 30305
(City/State and Zip code)

For further information concerning this matter, please call:

GEORGE GARMENDIA,CPA at (843) 884-6184
(Name of Person) (Area Code & Daytime Telephone Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ $70.00 Filing Fee
- ☐ $78.75 Filing Fee & Certificate of Status
- ☐ $78.75 Filing Fee & Certified Copy
- ☐ $87.50 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.

1. I.O.L. CARTS, 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. NORTH CAROLINA
(State or country under the law of which it is incorporated)

3. 56-2279051
(FEI number, if applicable)

4. NOVEMBER 14, 2001
(Date of incorporation)

5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")

6. SEPTEMBER 1, 2004
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2900 PHARR COURT,APT 2315 ATLANTA,GA 30305
(Principal office address)

2900 PHARR COURT,APT 2315 ATLANTA,GA 30305
(Current mailing address)

8. RETAIL SALES
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: IDO RONEN

Office Address: 8001 S.ORANGE BLOSSOM TR

ORLANDO, Florida ________
(City) (Zip code)

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10. **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)

11. 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.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: SHLOMO YADID

Address: 2900 PHARR COURT,APT 2315

ATLANTA,GA 30305

Vice Chairman: IDO RONEN

Address: 2900 PHARR COURT,APT 2315

ATLANTA,GA 30305

Director:

Address:

Director:

Address:

B. OFFICERS

President: SHLOMO YADID

Address: 2900 PHARR COURT, APT 2315

ATLANTA,GA 30305

Vice President: IDO RONEN

Address: 2900 PHARR COURT, APT 2315

ATLANTA,GA 30305

Secretary:

Address:

Treasurer:

Address:

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TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Ido Ronen

(Signature of Director or Officer listed in number 12 of the application)

14. IDO RONEN, VICE PRESIDENT

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

NORTH CAROLINA
Department of The Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

I.O.L. CARTS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 14th day of November, 2001, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 7th day of January, 2005

Elaine F. Marshall

Secretary of State

Certification# 84330607-3 Reference# 7713004-es Page: 1 of 1
Verify this certificate online at www.secretary.state.nc.us/verification

State of North Carolina
Department of The Secretary of State

To all whom these presents shall come, Greetings:

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

ARTICLES OF INCORPORATION

OF

I.O.L. CARTS, INC.

the original of which is now on file and a matter of record in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 12th day of August, 2004.

Elaine F. Marshall

Secretary of State

21 317 5143

State of North Carolina
Department of the Secretary of State

SOSID: 610076
Date Filed: 11/14/2001 10:22 AM
Elaine F. Marshall
North Carolina Secretary of State

ARTICLES OF INCORPORATION

Pursuant to §55-2-02 of the General Statutes of North Carolina, the undersigned does h Incorporation for the purpose of forming a business corporation.

1. The name of the corporation is I.O.L. CARTS, INC.

2. The number of shares the corporation is authorized to issue is: 1000

   These shares shall be: *(check either a or b)*

   a._X__all of one class, designated as common stock; or

   b.___divided into classes or series within a class as provided in the attached schedule, with the information required by N.C.G.S. Section 55-6-01.

3. The street address and county of the initial registered office of the corporation is:

   Number and Street 4014 OLEANDER DR STE 2
   City, State, Zip Code WILMINGTON, NC 28403 County NEW HANOVER

4. The mailing address ***if different from the street address*** of the initial registered office is:

   ____

5. The name of the initial registered agent is: OFIR AMRAM C/O JAMIE GRIMES

6. Any other provisions, which the corporation elects to include, are attached.

7. The name and address of each incorporator is as follows:

   OFIR AMRAM
   1416 HARBOUR DR #1362-A
   WILMINGTON, NC 28401

   IDO RONEN
   547-D KING ST
   CHARLESTON, SC 29403

8. These articles will be effective upon filing, unless a date and/or time is specified: ____________

This the 5th day of November, 2001

Ofir Amram
Signature

Ofir Amram owner
Type or Print Name and Title INCORPORATOR

NOTES:
1. Filing fee is $125. This document and one exact or conformed copy of these articles must be filed with the Secretary of State.
(Revised January 2000) *(Form B-01)*