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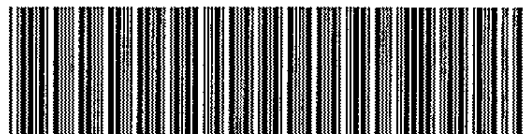
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TO: New Filing Section
Division of Corporations

07 JAN 24 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Capla USA 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:

Sharon Zharfati

(Name of Person)

Capla USA Inc.

(Firm/Company)

8335 SW 152 Ave #B308

(Address)

Miami FL 33193

(City/State and Zip code)

For further information concerning this matter, please call:

Sharon Zharfati

(Name of Person)

at (305) 408 0018

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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07 JAN 24 PM 4: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 12, 2007

SHARON ZHARFATI
8335 SW 152 AVENUE #B308
MIAMI, FL 33193

SUBJECT: CAPLA USA INC.
Ref. Number: W07000001824

We have received your document for CAPLA USA INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

Please return the original and one copy of 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) 245-6973.

Claretha Golden
Document Specialist
New Filing Section

Letter Number: 407A00002751

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. Capla USA Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

DBA # All state shoes

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

2. New York 3. 68-0615389
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10-3-2005 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 1-30-07
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1580 East 13th St Brooklyn NY 11230 #5L
(Principal office address)

8335 SW 152 Ave Miami FL 33193 #B308
(Current mailing address)

8. New York shoe wholesaler
(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: Sharon Zharfati

Office Address: 8335 SW 152 Ave #B308

Miami, Florida 33193
(City) (Zip code)

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.

peel
(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.

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07 JAN 24 4:2
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Sharon Zharfati

Address: 8335 SW 152 Ave #B308
Miami FL 33193

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Sharon Zharfati

Address: 8335 SW 152 Ave #B308
Miami FL 33193

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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FEDERAL BUREAU OF INVESTIGATION
FALLAM, BEECHER, VIRGINIA

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

13. see

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

14. Sharon Zharfati

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

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of CAPLA USA, INC. was filed on 10/03/2005, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 06th day of December two
thousand and six.*



Special Deputy Secretary of State

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SECRETARY OF STATE
TAL LAHARREZ, FLORIDA