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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: <u>Cybervision</u> INC. Name of corporation - must include		
Name of corporation - must include suffix		
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Authorization to "Certificate of Existence," or "Certificate of Good Standing" and checabove referenced foreign corporation to transact business in Florida.		
Please return all correspondence concerning this matter to the followin	g:	
LEONARD LEKHT		
Name of Person		
Cybervision Inc. Firm/Company		
Firm/Company		
10295 COILING AVE S. Address	site 804	
Address		
MIAMI BEACH FI City/State and Zip code	33 154	
City/State and Zip code		
E-mail address: (to be used for future annual report notification)		
E-mail address: (to be used for future annua	l report notification)	
For further information concerning this matter, please call:		
MICHAEL BECK at (908) 654-	7010 3 SY	
Name of Person Area Code & Daytime Telephone Number		
• •		
New Filing SectionNew IDivision of CorporationsDivisionClifton BuildingP.O. E	Filing Section on of Corporations Box 6327 hassee, FL 32314	
Enclosed is a check for the following amount:		
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status □ \$78.75 Filing 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. CYBERVISION INC. 1. (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) New Tersey

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

Ob (01 | 97)

(Date of incorporation)

3. 22-3492404

(FEI number, if applicable)

Perpetual'') (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)

(Olins Ave Soite 804 Minni Beach Fl 33154

(Current mailing address) 8. 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: MIAMI BEACH, Florida 331/4

(City) (Zip code) Office Address: 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.

^{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:	FILEU
A. DIRECTORS	SECRETARY OF STATE DIVISION OF CORPORATIONS
Chairman: LEONAGO Letht	13 OCT 18 PM 4: 03
Address: 10295 GIINS AVE SLITE 804	
MIAH; BEACH FI 33154	
Vice Chairman: ANCE Lekht	
Address: 10295 Collins AVE Soute	
Miami Beach F1 33154	
/	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: LEONARD LCKh+	
Address: 10291 Collins AVE Suite	Cay
MIANI BEACH FL 331	17
Vice President: ALLE LCELT	
Address: 10295 Collins AVE Soute	
MiAni BEAch F1 3315	(4) -
Secretary: Alice Lockt	
Address: 10295 Collins Ave S-ite	804 MIAMI BEACH FL 33154
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application list	sting additional officers and/or directors.
13. Signature of Director or Offi	icer
The officer or director signing this document (and who is listed in numb	per 12 above) affirms that the facts stated herein
are true and that he or she is aware that false information submitted in a a third degree felony as provided for in s.817.155, F.S.	document to the Department of State constitutes
14. LEDNARD LEHAT	
(Typed or printed name and capacity of person	signing application)

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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CYBERVISION, INC.

0100695712

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on February 13, 1997.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Michael Beck 200 Central Avenue Suite 102 Mountainside, NJ 07092

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Certification# 129915964

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 17th day of October, 2013

Andrew P Sidamon-Eristoff
State Treasurer

Verify this certificate at https://www1.statc.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp