

1/8/2015 16:38

To: 850 617 6381

(1/5)

Division of Corporations

Page 1 of 1

**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.

(((H15000006528 3)))



H150000065283ABC.

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

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
Innovo Concepts Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED
15 JAN -8 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1-9-15

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: INNOVO CONCEPTS 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," or "Certificate of Good Standing" 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:

YAIR RAZ

Name of Person

INNOVO CONCEPTS INC.

Firm/Company

3201 NE 183RD STREET, APT 503

Address

AVENTURA, FL 33160-2488

City/State and Zip code

YAIR@INNOVO-CONCEPTS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YAIR RAZ

at (408) 499-7025

Name of Person

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:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. **INNOVO CONCEPTS INC.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "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. **47-1350177**

(FEI number, if applicable)

4. **07/10/2014**

(Date of incorporation)

5. **PERPETUAL**

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

6. **8/11/2014**

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

7. **3201 NE 183RD STREET, APT 503, AVENTURA, FL 33160-2488**

(Principal office address)

3201 NE 183RD STREET, APT 503, AVENTURA, FL 33160-2488

(Current mailing address)

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

Name: **C T Corporation System**

Office Address: **1200 South Pine Island Road**

Plantation

(City)

Florida 33324

(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.



Jenifer Vincent

Vice President & Assistant Secretary

(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.

15 JAN -8 PM 11:28
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 11/11/03 BY 60322 UCBAW

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

A. DIRECTORS

Chairman: YAIR RAZ

Address: 3201 NE 183RD STREET, APT 503, AVENTURA, FL 33160-2488

Vice Chairman: _____

Address: _____

Director: YAIR RAZ

Address: 3201 NE 183RD STREET, APT 503, AVENTURA, FL 33160-2488

Director: AVIA RAZ

Address: 3201 NE 183RD STREET, APT 503, AVENTURA, FL 33160-2488

B. OFFICERS

President: YAIR RAZ

Address: 3201 NE 183RD STREET, APT 503, AVENTURA, FL 33160-2488

Vice President: AVIA RAZ

Address: 3201 NE 183RD STREET, APT 503, AVENTURA, FL 33160-2488

Secretary: AVIA RAZ

Address: 3201 NE 183RD STREET, APT 503, AVENTURA, FL 33160-2488

Treasurer: YAIR RAZ

Address: 3201 NE 183RD STREET, APT 503, AVENTURA, FL 33160-2488

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

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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. YAIR RAZ, PRESIDENT

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INNOVO CONCEPTS 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 EIGHTH DAY OF JANUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

5565416 8300

150025620

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2021115

DATE: 01-08-15