

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : 120040000031

Phone

: (800)906-9220 : (800)906-9880

Fax Number

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

FOREIGN PROFIT/NONPROFIT CORPORATION IRO INC.

Certificate of Status	1
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COVER LETTER

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TO: New Filing Section Division of Corporations	
SUBJECT: IRO INC.	
50102011	tion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good Sabove referenced foreign corporation to transact but	Standing" and check are submitted to register the
Please return all correspondence concerning this ma	atter to the following:
Sal Abecasis	
Name	of Person
Allstate Corporate Services Co	orp.
Firm/C	Company
1222 Avenue M, Suite 301	
Brooklyn, NY 11230	ddress
	te and Zip code
sal@acs123.com	
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this marter, plea	se call:
Naomi Ostopowitz at 800	906-9220
Name of Person Ar	ea Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahasses, 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: \$\Boxed{1}\$ \$70.00 Filing Fee \$\Boxed{8}\$ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy Certified Copy 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.

•	able in Florida, enter alternate corporate nam	e adopted for the purpose of transacting busine	ess in Flo	rida)
New York	k 3		_	
	under the law of which it is incorporated) .RY 06, 2009	(FEI number, if applicable) PERPETUAL		
	of incorporation)	(Duration: Year corp. will cease to exist o	r "perpeti	Jal")
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)		
9700 Coll	ins Avenue, Bal Harbour,	FL 33154	$\geq c$	5
,	(Principal office ad		22.2	AUG
9700 Colli	ns Avenue, Bal Harbour, F	'L 33154		മ
	(Current mailing ad	dress)	SEE	<u>Un</u>
Retail Sto	ore .		67 S	A A A
(Purpose(s) of corporation authorized in home state or	country to be carried out in state of Plorida)	ORID	
Name and stree	et address of Florida registered agent: (P	O. Box NOT acceptable)	7- 0-	Φ
Name:	Registered Agent Solutions			
fice Address:	155 Office Plaza Dr., Sui	te A		
	Tallahassee	, Florida 32301		
	(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.

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: Rahav Zuta	
Address: 252 West 57th Street, Suite 504	
New York, NY 10018	
Vice Chairman:	
Address:	
Director:	
Address:	
·	J
Director:	
Address:	
	<u></u>
B. OFFICERS	ma R
Prosidenti Rahav Zuta	
Address: 252 West 57th Street, Sulte 504	<u> </u>
New York, NY 10018	Σ, ω
Vice Prosident:	
Addross;	
Secretary:	
Address:	
Trensmer:	
Address:	
NOTE: If necessary, you may attuch an addendum to the application listing additi	onal officers and/or directors.
13. Kignature of Director or Officer	
The officer or streeter signing this document (and who is listed in number 12 abovers trile and that he or she is aware that false information submitted in a document a third degree follows as provided for in \$.817.135, F.S.	e) affirms that the facts stated herein to the Department of State constitutes
14 Rahav Zuta, President	
(Typed or printed name and capacity of person signing app	ofication)

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of IRO INC. was filed on 02/06/2009, with perpetual duration, and that a diligent examination has been made of the Corporate index for documenta 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.

The Biennial Statement is past due.

I further certify that no other documents have been filed by such corporation.



Witness my hand and the official seal of the Department of State at the City of Albany, this 04th day of August two thousand and fifteen.

Anthony Giardina

Executive Deputy Secretary of State

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