

F15000004656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

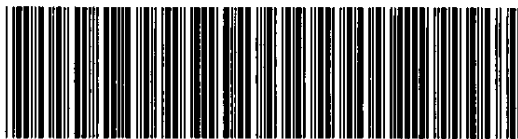
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

647 W15-66457

Office Use Only



200277538112

10/05/15--01026--005 \*\*87.50

FILED  
15 OCT -5 PM 5:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 21 2015  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 6, 2015

SID MANDEL  
419 PARK AVENUE SOUTH STE 1407  
NEW YORK, NY 10016

SUBJECT: QNOMY INC  
Ref. Number: W15000066457

FILED  
15 OCT -5 PM 5:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for QNOMY 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):

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) 245-6051.

Shelia H Young  
Regulatory Specialist II

Letter Number: 915A00021166

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** QNOMY 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:  
SID MANDEL

QNOMY INC	Name of Person
419 PARK AVE SOUTH SUITE 1407	Firm/Company
NEW YORK, NY 10016	Address
SID.MANDEL@QNOMY.COM	City/State and Zip code
E-mail address: (to be used for future annual report notification)	

FILED  
15 OCT - 5 PM 5:36  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

For further information concerning this matter, please call:

SID MANDEL	212	813-2300
Name of Person	Area Code	Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**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. QNOMY 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. NEW YORK 3. 14-1861808  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/6/2002 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. 1/1/2015  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1 SE 3rd Ave Suite 1020, Miami, FL 33131  
(Principal office address)
- \_\_\_\_\_  
(Current mailing address, if different)

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

Name: Eloise Frangias

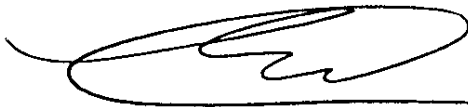
Office Address: 1 SE 3rd Ave, Suite 1020

MIAMI, Florida 33131  
(City) (Zip code)

FILED  
15 OCT - 5 PM 5:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.*



(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.

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: AVRAHAM BAR-YEHUDA

Address: 419 PARK AVE SOUTH, SUITE 1407

NEW YORK, NY 10016

Vice President: SID MANDEL

Address: 419 PARK AVE SOUTH, SUITE 1407

NEW YORK, NY 10016

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**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 11 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. \_\_\_\_\_

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

FILED  
OCT -5 PM 5:36  
SECRETARY OF STATE  
TREASURER, FLORIDA

attach

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**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 11 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. LUBA RAPOPORT / OFFICE MANAGER & HR COORDINATOR

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

FILED  
15 OCT 5 PM 5:36  
STATE OF FLORIDA  
TALLAHASSEE FL 32301

**State of New York  
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of QNOMY, INC. was filed on 12/06/2002, 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.

The Biennial Statement is past due.



FILED  
15 OCT -5 PM 5:36  
SECRETARY OF STATE  
ALBANY, NEW YORK

\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 17th day of September two  
thousand and fifteen.*

*Anthony Giardina*

*Executive Deputy Secretary of State*