F16000003647

(Requestor's Name)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 5, 2016

ZVI RAFILOVICH, CPA 2 S. UNIVERSITY DRIVE, SUITE 327 PLANTATION, FL 33324

PLANTATION, FL 33324

SUBJECT: PERNAT SYSTEMS MANAGEMENT LTD.

SYSTEMS ENGINEERING

AND

PROJE©

JEGGSS # 5

Ref. Number: W16000054184

We have received your document for PERNAT SYSTEMS ENGINEERING AND PROJECTS MANAGEMENT LTD. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of LIMITED or LTD. is not sufficient as a corporate designation. The name must include a word such as INCORPORATED, INC., CORPORATION or CORP.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 616A00016478



COVER LETTER

	stration Se sion of Co							
	PERNAT	SYSTEMS ENGII	NEERING AN	O PROJE	CTS MANAGEN	MENT LTD.		
SUBJECT:		Name	of corporation	n - must	include suffix	**************************************	 	
Dear Sir or N	/ladam:							
"Certificate of	of Existence	tion by Foreign Core," or "Certificate on corporation to t	e of Good Sta	nding" a	nd check are su			
Please return ZVI RAFILO	•	oondence concern	ing this matte	r to the	following:			
ZVI RAFILO	VICH, CPA	A, P.A.	Name of	Person			ACCEPT TO	
2 S. UNIVER	SITY DRIV	/E, SUITE 327	Firm/Con	npany	 		12 PM	
PLANTATIO	N, FLORIE	OA 33324	Addr	ess			TATE ORNDA	
ZVI@ZEECP	A.COM		City/State a	nd Zip o	ode			
		E-mail address	s: (to be used	for futur	e annual report	notification)	 	
For further in	nformation	concerning this n	natter, please	call:				
ZVI RAFILOVICH 954			921-	0588				
Nan	ne of Perso	n	Area Cod) le	Daytime Telep	ohone Numb	er	
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 \$70.00 Fi		□ \$78.75 Filin Certificate	g Fee &		5 Filing Fee & ied Copy	Certif	Filing Fee, icate of Status & ied 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. PERNAT SYSTEMS ENGINEERING AND PROJECTS MANAGEMENT LTD. CORP (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) (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) (Date of duration, if other than perpetual) 07/28/2016 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 2 S. UNIVERSITY DRIVE, SUITE 327, PLANTATION, FLORIDA 33324 (Principal office address) 8 NARKIS UZI STREET, TEL AVIV. ISRAEL 69086 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) ZVI RAFILOVICH, CPA, P.A. Name: 2 S. UNIVERSITY DRIVE, SUITE 327 Office Address: **PLANTATION** (City)

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 dutics, and I am familiar with and accept the obligations of my position as registered agent.

Yui Pafiloruch
(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 NOAM PERNAT Chairman: 8 NARKIS UZI STREET, TEL AVIV, ISRAEL 69086 Address: _ Vice Chairman: Address: __ Director: Director: **B. OFFICERS** NOAM PERNAT President: 8 NRKIS UZI STREET, TEL AVIV, ISRAEL 69086 Address: ___ Vice President: Address: Secretary: Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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.

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

PRESIDENT NOAM RERVAT