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.

(((H17000147585 3)))



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)617-6383

From:

Account Name

: GILMAN CIOCIA INC.

υŤ

Account Number : I20120000051

Phone

: (305)937-7773

Fax Number

: (815)301-2897

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

### FOREIGN PROFIT/NONPROFIT CORPORATION PLUGIN US INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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o SIMMONS JUN 05 2017

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: PLUGIN US INC	
Name of corporation -	must include suffix
Dear Sir or Madam:	:1
The enclosed "Application by Foreign Corporation for A "Certificate of Existence," or "Certificate of Good Standa above referenced foreign corporation to transact business	ng" and check are submitted to register the
Please return all correspondence concerning this matter to	o the following:
NADYA USOVICH	
Name of Po	rson
GILMAN CIÓCIA	
Firm/Comp	any
2875 NE 191 STREET SUITE 601	
Address	<b>3</b>
AVENTURA, FL 33180	
City/State and	Zip code
NADYA.USOVICH@GTAX.COM	
E-mail address: (to be used fo	r future annual report notification)
For further information concerning this matter, please ca	•
NADYA USOVICH at (305_	) 6925204
Name of Person Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
	\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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. PLUGIN US IN (Enter name of a		ATED," "COMPANY," "CORPORATION,"	<del> </del>
100,, C.03., C	torp. the, Co, or Corp. )		
(If name unavail	lable in Florida, enter alternate corporate	name adopted for the purpose of transacting business in Flo	orida)
2. DELAWARE		3, 32-0487191	
	ry under the law of which it is incorporat		
4, 12/14/2015		5 PERPETUAL	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
6. 05/01/2017			
		iness in Florida, if prior to registration) 607.1502, F.S., to determine penalty liability)	
7. 1001 N FEDER	AL HWY, UNIT 350		
	(	Principal office address)	73
HALLANDALE			
	(Current	mailing address. if different)	بي
A 3.7			<u>ن</u> د
a. Name and sire	et address of Florida registered agent	:: (P.U. Box <u>NUT</u> acceptable)	
Name:	STEVEN LEVY		
Office Address:	2875 NE 191 STREET SUITE 601		
	AVENTURA	, Florida 33180	
	(City)	(Zip code)	
Having been nam designated in this flirther agree to c duties, and I am f	application, I hereby accept the app omply with the provisions of all states familiar with and accept the obligation (Regis	I service of process for the above stated corporation of pointment as registered agent and agree to act in this utes relative to the proper and complete performancions of my position as registered agent.  do  deletered agent's signature)  cated, not more than 90 days prior to delivery of this a	s capacity. I se of my
the Department of	State, by the Secretary of State or of	her official having custody of comporate records in the	pplication to

under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman; Director: ODED GOLAN Address: 8 HADAFINA, TEL MOND, ISRAEL B. OFFICERS President: Vice President: Secretary: Address: \_\_\_ Treasurer: DANIELLE HEFRTZ-COHEN \_\_\_\_ Address: 2 HABARZEL STREET, TEL AVIV, ISRAEL 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)

13. DANIELLE HEFETZ-COHEN, CFO

Page 1

# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PLUGIN US 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 THIRTY-FIRST DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PLUGIN US INC."

WAS INCORPORATED ON THE FOURTEENTH DAY OF DECEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

.1.

Authentication: 202622977

Date: 05-31-17

5907537 8300 SR# 20174262426