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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023

: (512)418-6949 : (954)208-0845 Phone Fax Number

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

Address: Email

## FOREIGN PROFIT/NONPROFIT CORPORATION SIGNALS ANALYTICS, INC.

Certificate of Status	0
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Page Count	05
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Help

OCT 1 3 2017

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ATX1

## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT: SIGNALS				
	Name o	f corporation -	must include suffix	
Dear Sir or Madam:			•	
"Certificate of Existence		Standing" and	ion to Transact Business in Florida," check are submitted to register the rida.	
Please return all corres	pondence concerning this	matter to the f	ollowing:	
EYAL FELDMAN				_
	. Na	me of Person		
SIGNALS ANALYTICS, IN	C	rm/Company		_
	rı	rm/Company		
1325 AVENUE OF THE AM	MERICAS	Address	<del></del>	_
		, 100, 000		
NEW YORK / NY. 10019	City/S	tate and Zip co	ode	-
		,	•	
EYAL FELDMAN@SIGNA	E-mail address: (to be use	d for future an	nual report notification)	-
	concerning this matter, ple	•		
FOI fullifier infolmation (	concerning this matter, pie	ase can.		
EYAL FELDMAN	at	917	470-9110	
Name of		Area Code	Daytime Telephone Number	
Registrat Division o Clifton Bu 2661 Exe	COURIER ADDRESS: ion Section of Corporations uitding ecutive Center Circle see, FL 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for	the following amount:	•		
X \$70.00 Flling Fee	\$78.75 Filing Fee & Certificate of Status	i !	\$87.50 Filing Fee, ed Copy Sentified Copy Certified Copy	

SIGNALS ANALYTICS, INC.

35-2510024

ATX1

## 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. SIGNALS ANALYTICS, INC.							
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  "Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp.")						
	(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the	ne purpose of transacting but	sinuss in Florida)		
2.	DELAWARE		3	35-25100	024		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)					
4.		6/9/2014	5				
		(Date of Incorporation)		(Date of duration, If oth	er than perpetua	1)	
5.			1/2/2017				
		(Date first transacted busin	ness in Flor da	, if prior to registration)			
		(SEE SECTIONS 607.1501 & 60	07.1502, F.S.,	to determine penalty liability;	)		
7.	1325 AVENUE O	F THE AMERICAS, 25TH FLOOR, NEW YOR	RK, NY 10019	·	·		
		(Princip	al office addre	S\$)			
		(Current maill	ng address, if	different)		7.1	
		· ·				3	
я	Name and stre	et address of Florida registered agent: (	P.O. Box NO	T acceptable)	•	/	
٥.	Maine bild 910	<u> </u>			<u>.a</u>	م (ب	
	Name:	NATIONAL REGISTERED AGENTS, INC	·	r% <del>.</del>		<b>*</b>	
0	ffice Address:	1200 SOUTH PINE ISLAND ROAD	<del></del>	_	1 0 kilo	69個	٠
		PLANTATION		, Florida <u>33324</u>		6 1	
		(City)		(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.

Transpurition at Sec-

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.

Sig	INALS ANALYTICS, INC.	35-2510024	ATX1
11. Na	mes and business addresses of officers anc/or directors:		
A. DIF	RECTORS		
Chalimo	n'a		
Address:			
Vice Cha	ilman:		
Addrosc			
Oirector:	DEKEL PERSI	·	
Address	7 GIBOREI ISRAEL STREET, 3RD FLOOR		
	NETANYA, ISRAEL 4250407		
Director.	BÇAZ DINTE	<u>,, , , , , , , , , , , , , , , , , , ,</u>	·
Address:	7 GIBOREI ISRAEL STREET, 3RD FLOOR		
	NETANYA, IŞRAEL 4250407		
B. OF	FICERS		
Presiden	t; GIL SADEH		
Address	1325 AVENUE OF THE AMERICAS, 25TH FLOOR		
	NEW YORK, NY 10018		
Vice Pre	sident:	10 13 13 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	- <u></u>
Address		<u> </u>	- <del>- 25</del>
Secretar	y: JOE GREEN	<u> </u>	<b>6</b>
Adaress:		5	ف
Treasure			
Address.	<u>.</u>		
NOTE:	If necessary, you may attach an addendum to the application listing additional officers an	d/or directors.	
12.	Yar		
The officer	Signature of Director or Officer cer or director signing this document (and who is listed in number 11 above) affirms that and that he or she is aware that false information submitted in a dominent to the Depart gree felony as provided for in s.817.155, F.S.	the facts stated hereit tment of State constit	n ules 2
13	JOE GREEN, SECRETARY		
	(Typed or printed name and capacity of person signing applicati	onj	

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "SIGNALS ANALYTICS, 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 THIRTEENTH DAY OF OCTOBER, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

5547486 8300 SR# 20176610741

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

Justicey Vi. Hutbook, Secretary of State

Authentication: 203394907

Date: 10-13-17