F1700000 5156

(Req	uestor's Name)	
bbA)	ress)	
(Add	ress)	
(City.	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Na	me)
(Doc	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



600342484136

03/31/20--01008--011 **35.00

2020 JUG-1 PH 2: 51

Amendchansin Juridiction

JUN O 9 2020

COVER LETTER

NUBJECT: EHUD ARIAN ENTERPRISES, INC. Name of Corporation DOCUMENT NUMBER: F1700005156 The enclosed Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: HAIM ARIAN Name of Contact Person EHUD ARIAN ENTERPRISES, INC. Firm/Company PO BOX 1239 Address SOMIS, CA 93066 City/State and Zip Code HAIM ARIAN COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: HAIM ARIAN Name of Contact Person Area Code & Daytime Telephone Number
Name of Corporation DOCUMENT NUMBER: F1700005156 The enclosed Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: HAIM ARIAV Name of Contact Person EHUD ARIAN ENTERPRISES, INC. Firm/Company PO ROX 1239 Address SOMIS, CA 93066 City/State and Zip Code HAIM & ARIAV COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
The enclosed Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: HAIM ARIAV Name of Contact Person EHUD ARIAN ENTERPRISES, INC. Firm/Company PO BOX 1239 Address SOMIS, CA 93066 City/State and Zip Code HAIM ARIAV COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Please return all correspondence concerning this matter to the following: HAIM ARTAV Name of Contact Person EHUD ARIAN ENTERPRISES, INC. Firm/Company PO BOX 1239 Address SOMIS, A 93066 City/State and Zip Code HAIM & ARIAN COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
HAIM ARTAV Name of Contact Person EHUD ARIAN ENTERPRISES, INC. Firm/Company PO BOX 1239 Address SOMIS, (A 93066 City/State and Zip Code HAIM & ARIAN COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Name of Contact Person EHUD ARIAN ENTERPRISES, INC. Firm/Company PO BOX 1239 Address SOMIS, CA 93066 City/State and Zip Code HAIM @ ARIAN COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Name of Contact Person EHUD ARIAN ENTERPRISES, INC. Firm/Company PO BOX 1239 Address SOMIS, CA 93066 City/State and Zip Code HAIM @ ARIAN COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
PO BOX 1239 Address SOMIS, CA 93066 City/State and Zip Code HAIM @ ARIAV · COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
PO BOX 1239 Address SOMIS, CA 93066 City/State and Zip Code HAIM @ ARIAV · COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
SOMIS, CA 93066 City/State and Zip Code HAIM @ ARIAV · COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
SOMIS, CA 93066 City/State and Zip Code HAIM @ ARIAV · COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
HAIM @ ARIAV · COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
HAIM & ARIAV · COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
For further information concerning this matter, please call:
HAJM ARIAV at 904, 304 5777 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Fl. 32303



FLORIDA DE PARTMENT OF STATE Division of Corporations

April 14, 2020

HAIM ARIAV P.O. BOX 1239 SOMIS, CA 93066

SUBJECT: EHUD ARIAV ENTERPRISES, INC.

Ref. Number: F17000005156

We have received your document for EHUD ARIAV ENTERPRISES, INC. and your check(s) totaling \$35,00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 320A00007919

PROFIT CORPORATION

APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

F 17000005156

	(Document number of corporation (if known	wn)			
1. EHUD ARJAN ENT	ERPRISES, INC.				
	corporation as it appears on the records of the D	epartment of State	e)		
2. AZ	3.	11/09/20	17		
(Incorporated under	r laws of) (Date a	uthorized to do bu	isiness in Fl	orida)	
(4-	SECTION II 7 COMPLETE ONLY THE APPLICABLE O	CHANGES)			
4. If the amendment changes the name of t	he corporation, when was the change effected u	nder the laws of it	s jurisdictio	n of	
incorporation?		_			
5.					
(Name of corporation after the amendment not contained in new name of the corporation)	nent, adding suffix "corporation," "company," or oration)	"incorporated," c	or appropria	ie abbr	eviation, if
(If new name is unavailable in Florida, o	enter alternate corporate name adopted for the pu	arpose of transacti	ing business	in Flo	orida)
6. If the amendment changes the peri	od of duration, indicate new period of duration.				
_	(New duration)	· 			
	(.vew datation)		:	207	
7. If the amendment changes the juris	diction of incorporation, indicate new jurisdiction	on.	•	J020 Ji	·
	CA			1.3	
	(New jurisdiction)				
				PH	: •
 If amending the registered agent and new registered agent and/or the new 	for registered office address in Florida, enter registered office address:	the name of the		2:51	
Name of New Registered Agent					
-	(Florida street address)				
New Registered Office Address:		, Florida			
	(City)		(Zip Code)		
New Registered Agent's Signature, i					
I hereby accept the appointment as reg	istered agent. I am familiar with and accept the	e obligations of th	e position.		
Signature of New Rey	zistered Agent, if changing				

Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			Remove
-			□Add
	CHI)	<u> </u>	CRemove
	/	/	Qadd
			Remove
-	//		
			CRemove
		_	□Add
			Remove
10. Attached is a cer of the application under the laws o	rtificate or document of similar import, in to the Department of State by the Secrif which it is incorporated.	evidencing the amendment, authenticated retary of State or other official having custo	I not more than 90 days prior to deliver dy of corporate records in the jurisdictio
	(Signature of a dire a receiver or other	ector, president or other officer - if in the becount appointed fiduciary, by that fiducial	nands of (y)
	HAJM ARIAV		ESIDENT
(1)	yped or printed name of person signing	(Title of	person signing)

9. If the amendment changes person, title or capacity in accordance with 607,1504 (4), indicate that change:

FILING FEE \$35.00

1535462

A0829507



Secretary of State

CONV FE-GS

Articles of Incorporation with Statement of Conversion –

Foreign Entity to a California Stock Corporation

Secretary of State
State of California
JUN 05 2019

IMPORTANT — Read instructions before completing this form.

Filing Fee - \$150.00

Copy Fees - First page \$1.00; each attachment page \$0.50;

Certification Fee - \$5.00

Note: Corporations may have to pay minimum \$800 tax to the California Franchise

Tax Board each year. For more information, go to https://www.ftb.ca.gov.

PC This Space For Office Use Only

 Name of Converted California Corporation (Go to www.sos.ca.gov/business/be/name-availability for general corporate name requirements and restrictions.)

The name of the converted corporation is	Ehud Ariav Enterprises, Inc.

2. Business Addresses of the Converted Corporation (Enter the complete business addresses.)

a, Initial Street Address of Corporation - Do not list a P.O. Box.	City (no abbreviations)	State	Zip Code
4057 Donlon Road	Somis	CA	93066
b, Innial Mailing Address of Corporation, if different than item 2a.	City (no abbreviations)	State	Zip Code
P.O. Box 1239	Somis	CA	93066

3. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL - Complete Items 3a and 3b only. Must include agent's full name and California street address.

Cabifornia Agent's First Name (If agent is not a corporation).	Middle Name	Last Name			Suffix
Ehud		Ariav			
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box.	City (no abbreviations)		State	Zip Cod	le
4057 Donlon Road	Somis		CA	9308	66

CORPORATION - Complete Item 3c. Only include the name of the registered agent Corporation.

c. Catifornia Registered Corporate Agent's Name (if agent is a corporation) - Do not complete Item 3a or 3b.

4. Shares (Enter the number of shares the corporation is authorized to issue. Do not leave blank or enter zero (0).)

This corporation is authorized to issue only one class of shares of stock.

The total number of shares which this corporation is authorized to issue is

20,000

 CONTINUE ON NEXT PAGE -(Page 1 of 2) 2018 Californie Secretary of State

I hereby certify that the foregoing transcript of _______ page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

MAY 1.6 2020

Date: /5/

ALEX PADILLA. Secretary of State

Articles of incorporation with Statement of Conversion (Page 2 of 2)

5. Purpose Statement (Do not alter the Purpose Statement.)

The purpose of the corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of California other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the California Corporations Code.

6. Statement of Conversion for Foreign Entity				
6a. The name of the converting foreign entity is				
Ehud Ariav Enterprises, Inc.				
,				
It is a Corporation				
Type of toreig	n entity			
formed in Arizona		_		
Jurisdiction of organization	of converting foreign ent	lty		
6b. The foreign entity's California Secretary of State 6c. The foreign entity is authorized to effect the contains approved a plan of conversion or other instaws under which it is formed. The conversion applicable holders of interest of the foreign en	onversion by the la strument to effect has been approve	the conversion as required by the ed by the number or percentage of		
7. Sign Below. Do not use computer generated signature. (See Instructions for signature requirements.) Additional article provisions set forth on attached pages, if any, are incorporated herein by reference and made part of this form CONV FE-SS. (All attachments should be 8 % x 11, one-sided, legible and clearly marked as an attachment to this form CONV FE-GS.) Haim Ariav Signature of Authorized Person as Incorporator Type or Print Name				
Signature of Authorized Person as Incorporator	т	ype or Print Name		