

F180001587
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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.

((H18000106830 3)))



H180001068303ABC

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 : AGENTS AND CORPORATIONS, INC
 Account Number : I20010000112
 Phone : (302)575-0875
 Fax Number : (302)575-1642

FILED
 18 APR -4 AM 9:27
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

Email Address: accounting@aroma.us

**FOREIGN PROFIT/NONPROFIT CORPORATION
 AROMA FRANCHISE COMPANY INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

RECEIVED
 2018 APR -4 PM 3:42
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

O SIMMONS

APR 05 2018

**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.

AROMA FRANCHISE COMPANY 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)

NEW YORK

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FBI number, if applicable)

JANUARY 5, 2010

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

20920 W. DIXIE HWY, AVENTURA, FL 33180

7. _____ (Principal office address)

20920 W. DIXIE HWY, AVENTURA, FL 33180

(Current mailing address, if different)

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

Name: OSHRAT KATRI DULBERG

Office Address: 20920 W. DIXIE HWY

AVENTURA 33180

(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.

(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: YARIV SHEFA

Address: HASOLELA 7, BEIT-SHEMESH, ISRAEL

Director: _____

Address: _____

B. OFFICERS

President: YARIV SHEFA

Address: HASOLELA 7, BEIT-SHEMESH, ISRAEL

Vice President: ASHER LEV

Address: HASOLELA 7, BEIT-SHEMESH, ISRAEL

Secretary: YOAV HECHT

Address: 20920 W. DIXIE HWY, AVENTURA, FL 33180

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

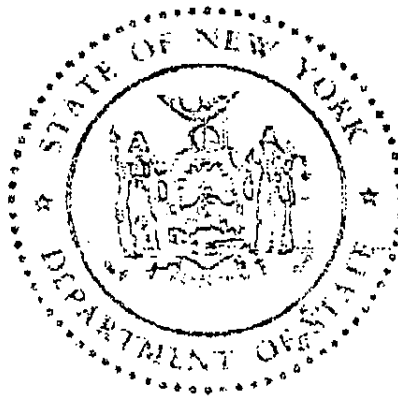
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. YOAV HECHT, SECRETARY

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

State of New York
Department of State } ss:-

I hereby certify, that the Certificate of Incorporation of AROMA FRANCHISE COMPANY INC. was filed on 01/08/2010, 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.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 15th day of March two
thousand and eighteen.*

A handwritten signature in black ink, appearing to read "Brendan W. Fitzgerald", written over a horizontal line.

*Brendan W. Fitzgerald
Executive Deputy Secretary of State*