F18000002533

(Requestor's Name)				
(Address)				
(Address)				
,				
(City/Ctata (Zin/Dhana th)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
. (55545)				
Contified Contact Cont				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
{				

Office Use Only



500313389945

200 F18-2533

95/24/18--01012--012 **70.00

NIN HAY 24 PH 1: 46

N. CAUSSEAUX MAY 3 0 2018

COVER LETTER

TO:	: Registration Section Division of Corporations				
SUBJ	ECT:	1 Card US. IN	- _ •		
	<u> </u>	1 Card US, IN Name of corporati	ion - must include suffix	<u></u>	
Dear S	ir or Madam:				
"Certif	ficate of Existenc	ion by Foreign Corporation t e," or "Certificate of Good S in corporation to transact bus	tanding" and check are sub		
Please	return all corresp	ondence concerning this made	tter to the following:		
		Charles Se	rlaty, Esq.		
		Serfaty	Law, PA.		
			cupe Blyd, Suite	2 1430	
		Miami, PL City/State	<u>3513つ。</u> e and Zip code		
			Serfatylaw.com) - notification)	
For fu	rther information	concerning this matter, pleas	se call:		
<u>_}</u>	SSKA 205 Name of Perso	n at (<u>305</u> n Area C	ode Daytime Telep	C) . hone Number	
	STREET/COU Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FL	porations g : Center Circle	MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	
Enclos	sed is a check for	the following amount:			
57 (0.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy	



May 25, 2018

CHARLES SERFATY, ESQ 47770 BISCAYNE BLVD SUITE 1430 MIAMI, FL 33137

SUBJECT: ICARD US INC. Ref. Number: W18000050052

We have received your document for ICARD US INC. 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 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.

Letter Number: 418A00010985

Dionne M Scott Regulatory Specialist II

www.sunbiz.org

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.	iCard US, Inc		
(Enter n "Inc.," "	hime of corporation; must include "INCORPORATED Co.," "Corp," "Inc," "Co," or "Corp.")	"," "COMPANY," "CORPORATION,"	
		adopted for the purpose of transacting business in Florida)	
2. \(\sum_2 \)	or country under the law of which it is incorporated)	81-552 losp	
(State o	or country under the law of which it is incorporated)	(FEI number, if applicable)	
	5 (Date of incorporation) 5	(Date of duration, if other than perpetual)	
6.	v IA_		
		in Florida, if prior to registration)	
		1502, F.S., to determine penalty liability)	
7	4770 BISCAILURE BIVA	, Sitte 1430, Miami, R 3313).	
	C C C C C C C C C C C C C C C C C C C	ipal office address)	
	(Current mail)	ing address, if different)	
	(Carea man	ing address, it different)	
8. Name a	nd street address of Florida registered agent: (P.	O. Box NOT acceptable)	
	•	2	
	ame: Serfaty Law, P.A.		
Office Add	ress: 4770 Bisaupe Brais.	<u>juth</u> 1430, 2	
		, Florida <u>33/37</u> . 5	
	(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, 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 oblightions of my position as registered agent.

(Registeren agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application 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: Vice Chairman: Address: _ Director Christe Georger Address: _ ______ B. OFFICERS President: (MASTO BECKARY Address: ____ Vice President: Address: Secretary: Christo Georgiev Address: ___ Treasurer: Chisto Georgier Address: ____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer of 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. ___Christo_Georgiev - Director_& President/T/S

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

Page 1

Delaware The First State

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

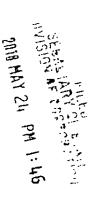
DELAWARE, DO HEREBY CERTIFY "ICARD US INC." IS DULY INCORPORATED

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 THIRD DAY OF MAY, A.D. 2018.

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





Authentication: 202629901

Date: 05-03-18

6868732 8300 SR# 20183315048