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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(,,	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

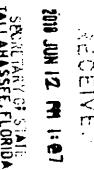
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J. S. 18-18

COVER LETTER

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Certified Copy

TO: Registration Section Division of Corporations
SUBJECT: LOCAL. HOUSe International, Inc. Name of corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following: Romi A. Zeidan
Local . House Intunational Firm/Company
37 Wall St. Apt. HL
City/State and Zip code City/State and Zip code City/State and Zip code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rami Zeidan at (952) 237-9733 Name of Person Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
370.00 Filing Fee

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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.
(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) 2. 3.
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4
(Date of incorporation) (Date of duration, if other than perpetual)
6. May 16 2018
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607, 1501 & 607, 1502, F.S., to determine penalty liability) THE SHAPE OF THE SECTIONS 607, 1501 & 607, 1502, F.S., to determine penalty liability) THE SHAPE OF THE SECTIONS 607, 1501 & 607, 1502, F.S., to determine penalty liability)
(Principal office address)
SE Z M
(Current mailing address, if different)
CO TO TO THE STATE OF THE STATE
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Lami A Leidan 2916
Office Address: 45 SW 9th St 77 370
Miami Florida 3130
(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.

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.

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11. Names and business addresses of officers and/or directors:

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 Vice Chairi	man:								
Address									
Director: _									
Address: _									
Director:		-							
Address: _									
B. OFFIC			-						•
President:							≥ c Fre	2018	
Address: _							3	¥ E	(1) -O
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Vice Preside	lent:						mor mor	3	7. [1]
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							>		
Secretary: _									
Address:				·					
Freasurer:									
Address:									
NOTE: IF		ou may attach an Zeidar		o the applicat	ion listing addit	tional officers	and/or dir	ectors.	
			Signature	of Director of			<u> </u>		
are true and	d that he or s	signing this docur the is aware that fa provided for in s	alse informa	tion submitte	number 11 abo d in a document	ve) aftirms that to the Depart	it the facts ment of St	stated ate con	herein istitutes
13.		OWNER		90					
		(Typed or printe	d name and	capacity of pe	erson signing ap	plication)			

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Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "LOCAL.HOUSE INTERNATIONAL, 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 FIFTH DAY OF JUNE, A.D.

2018.

The second secon

6446098 8300 SR# 20184744193 Authentication: 202814154

Date: 06-05-18