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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: (an)	le Hannoush Inc.
	of corporation - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Co "Certificate of Existence," or "Certificate above referenced foreign corporation to transfer.	orporation for Authorization to Transact Business in Florida," of Good Standing" and check are submitted to register the ransact business in Florida.
Please return all correspondence concerni	ng this matter to the following:
Но 11 у	Name of Person
	Hannoush Inc Firm/Company
1350 M	ain St Suite 308
Spring f	Address  City/State and Zip code
	City/State and Zip code  Trych Channotish. Com  I to be used for future annual report notification)
For further information concerning this m	
Holly Wytrych	at (413) 329 - 2830 x 14    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 amo	unt:
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Certificate o	

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

1.	Canzilo	+ Hannouch Inc	
(Enter name of "Inc.," "Co.," "C	corporation; must include "INCORPORA Corp," "Inc," "Co," or "Corp.")	Hannoush In TED," "COMPANY," "CORPORATION,	"
(If name unavai	lable in Florida, enter alternate corporate	name adopted for the purpose of transacting	business in Florida)
2	Massachusetts	3. 83-1433346 (FEI number, if app	
			/
4(Date	of incorporation	5(Date of duration, if other the	
(Date	e of meorporation)	(Date of duration, if other the	han perpetual)
0	(Date first transacted busi	ness in Florida, if prior to registration)	
1210	(SEE SECTIONS 607.1501 & c	607.1502, F.S., to determine penalty liability	<i>(</i> )
7. 1330	11/ain 01 Suite 108	Spingfield MA Crincipal office address)	1103
	(1	incipal office agaress)	
			<b>.</b> —
	(Current	mailing address, if different)	18 SECRE
		· ,	18 OCT SECRETA TALLAHAS
8. Name and street	et address of Florida registered agent:	· ,	18 OCT -5 SECRETANT ( TALLAHASSEE
8. Name and stree		· ,	18 OCT -5 PM SECRETANT OF S TALLAHASSEE, FL
	et address of Florida registered agent:	· ,	වූ <b>:</b>
Name:	et address of Florida registered agent:  C T Corporation System  1200 South Pine Island Road  Plantation	(P.O. Box NOT acceptable)	Γ-0.
Name:	et address of Florida registered agent:  C T Corporation System  1200 South Pine Island Road  Plantation	(P.O. Box <u>NOT</u> acceptable)	වූ <b>:</b>
Name: Office Address:  9. Registered ag	et address of Florida registered agent: C T Corporation System  1200 South Pine Island Road  Plantation  (City)  ent's acceptance:	(P.O. Box NOT acceptable)  Florida 33324  (Zip code)	5: 32 LORIDA
Name: Office Address:  9. Registered agi Having been nam	et address of Florida registered agent:  C T Corporation System  1200 South Pine Island Road  Plantation  (City)  ent's acceptance:  ted as registered agent and to accept	(P.O. Box NOT acceptable)  Florida 33324  (Zip code)	5: 32
Name: Office Address:  9. Registered agi Having been nam designated in this further agree to c	et address of Florida registered agent:  C T Corporation System  1200 South Pine Island Road  Plantation  (City)  ent's acceptance:  ted as registered agent and to accept application, I hereby accept the app omply with the provisions of all state	(P.O. Box NOT acceptable)  Florida   Florida   (Zip code)  service of process for the above stated ointment as registered agent and agree ates relative to the proper and complete.	corporation at the place
Name: Office Address:  9. Registered agi Having been nam designated in this further agree to c	et address of Florida registered agent:  C T Corporation System  1200 South Pine Island Road  Plantation  (City)  ent's acceptance:  ted as registered agent and to accept application, I hereby accept the application of all state familiar with and accept the obligation.	(P.O. Box NOT acceptable)  Florida   (Zip code)  service of process for the above stated ointment as registered agent and agree ates relative to the proper and complete ons of my position as registered agent.	corporation at the place
Name: Office Address:  9. Registered agi Having been nam designated in this further agree to c	et address of Florida registered agent:  C T Corporation System  1200 South Pine Island Road  Plantation  (City)  ent's acceptance:  ted as registered agent and to accept application, I hereby accept the app omply with the provisions of all state	(P.O. Box NOT acceptable)  Florida   (Zip code)  service of process for the above stated ointment as registered agent and agree ates relative to the proper and complete ons of my position as registered agent.	corporation at the place
Name: Office Address:  9. Registered agi Having been nam designated in this further agree to c duties, and I am f	et address of Florida registered agent:  C T Corporation System  1200 South Pine Island Road  Plantation  (City)  ent's acceptance:  ted as registered agent and to accept application, I hereby accept the application of all state familiar with and accept the obligation.	(P.O. Box NOT acceptable)  Service of process for the above stated cointment as registered agent and agree ates relative to the proper and complete ons of my position as registered agent.	corporation at the place

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

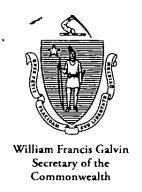
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under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: \_\_\_\_\_ Address: \_\_\_\_\_ Director: \_\_\_\_ **B. OFFICERS** President: Camile Hannoush Address: 4 Cherry Brook Lane Vice President: \_\_\_\_\_ Address: \_ Address: Deanra Syner

Address: 50 West Akard St. Ludlow MA 01056 Treasurer: Camile Hamoush Address: 4 Cherry Brook Lane, Suffield Ct 06078 NOTE: Af necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Deanna Super Secretary

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



## The Commonwealth of Massachusetts Secretary of the Commonwealth State House. Boston, Massachusetts 02183

Date: September 24, 2018

, under the General

To Whom It May Concern:

I hereby certify that according to the records of this office.

CAMILE HANNOUSH, INC.

is a domestic corporation organized on July 23, 2018

Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's

dissolution; that articles of dissolution have not been filed by said corporation; that, said cor-

poration has filed all annual reports, and paid all fees with respect to such reports, and so far as

appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

Certificate Number: 18090450490

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: