Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H18000334729 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORPORAT

Fax Number : (800) 906-9880

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

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION Y.I. GROUP CORP.

Certificate of Status	
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu



COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Y.I. GROUP CORP FICTICT	IOUS NAME - Y.I. SALES GROUP CORP.
Name of corporation	on - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stabove referenced foreign corporation to transact busing the corporation in the content of the corporation is transact busing the corporation to transact busing the corporation is transact busing the corporation to transact busing the corporation is transact busing the corporation to transact busing the corporation is transact busing the corporation and the corporation is transact busing the corporation is transact business and the corporation is the corporation is transact business and the corporat	anding" and check are submitted to register the
Please return all correspondence concerning this mat	ter to the following:
Sal Abecasis	
Name o	of Person
Allstate Corporate Services Co	rp.
Firm/Co	· ·
2215 HENDRICKSON STREE	T, SUITE 1
•••	dress
BROOKLYN, NY 11234	
·	e and Zip code
filing@acs123.com	d for future annual report notification)
,	
For further information concerning this matter, please	se call:
Naomi Ostopowitz at 800	, 906-9220
Name of Person Are	ea Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
☐ \$70.00 Filing Fee ■ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy

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.

Y.I. GROU	P CORP.			-	
(Enter name of corp	oration; must include "INCORPORATE! ," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"			
Y.I. SALES	GROUP CORP.		is Placida	_	
		ne adopted for the purpose of transacting business	III FIOI IGG)		
NORTH C	AROLINA	3(FEI number, if applicable)		-	
	der the law of which it is incorporated)				
4. AUGUST		5. PERPETUAL (Duration: Year corp. will cease to exist or "	'nernetual'')	_	
(Date of	incorporation)	(Duration: Year corp. will cease to exist of	perpendur		
6	Then first transacted business	ss in Florida, if prior to registration)		_	
	(SEE SECTIONS 607.1501 & 60"	7.1502, F.S., to determine penalty liability)			
. 3362 NW 1	1TH AVENUE, POMPA	ANO BEACH, FL 33064		_	
	(Principal office	address)			
3362 NW 1	1TH AVENUE, POMPA	NO BEACH, FL 33064		_	
	(Current mailing	address)	······································		
PETAII \	VHOLESALE MERCHA	ANDISE		3	
8, Purnose(s)	of corporation authorized in home state of	or country to be carried out in state of Florida)	<u> </u>	NOM	7
	address of Florida registered agent:			26	-
9. Name and street		(Lieuzon Septembrie			Ęγ
Name:	IDO BITON		= 5	P# 2	
Office Address:	3362 NW 11TH AVEN	IUE	OREUA	2:	
O.M. Burney	POMPANO BEACH	, Florida 33064			
	(City)	(Zip code)			
10. Registered ag	ontic nocentance:				
-		service of process for the above stated corpo	ration at t	he pla avacit	ace rv. I
designated in this	application, I hereby accept the appearance with the neovisions of all statu	oiniment as regulered agent and agree to an ites relative to the proper and complete perfo			.y
duties, and I am fo	imply with the provisions of an in- imiliar with and accept the obligation	ns of my position as registered agent.			
,	A and				
	-71/1) V 9A	Υ			
		1			
_	(Registered ager	nt's signature)			

^{11.} 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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: IDO BITON Address: 3362 NW 11TH AVENUE POMPANO BEACH, FL 33064 Vice Chairman: Address: Director: __ Address: __ Director: Address: **B. OFFICERS** President: IDO BITON Address: 3362 NW 11TH AVENUE POMPANO BEACH, FL 33064 Vice President: Secretary: 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 or director signing this document (and who is listed in number 12 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. 14. IDO BITON, PRESIDENT



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

Y.I. GROUP CORP.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 30th day of August, 2016, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

TO NOV 26 PH 2: 11
SECRETARY OF STATE
ALLAHASSEE, 1 OFFICE





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 23rd day of November, 2018.

Secretary of State

Elaine J. Marshall

Certification# 103527886-1 Reference# 14871845-ACH Page: 1 of 1 Verify this certificate online at http://www.sosne.gov/verification