F19000000009

(Re	questor's Name)			
(Ad	dress)			
(Ad	idress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



400322153174

12/20/16--01001--028 **70.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA



COVER LETTER

TO: Registration Section Division of Corporations	
TW International Inc.	
	tion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good Sabove referenced foreign corporation to transact bus	Manding" and chook are sub-tu-tu-tu-
Please return all correspondence concerning this ma	iter to the following:
Name	of Person
Firm/C	отрапу
2809 NE 35 Ct., Fort Lauderdale, Fl 33308	dress
City/State	and Zip code
E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, please	
Ram Tamir 216	214-0463
Name of Person Area Co	de 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:	
\$70.00 Filing Fee & Certificate of Status	S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & 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. TW International 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) (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 2809 NE 35 Ct., Fort Lauderdale, Fl 33308 (Principal office address) 25550 Chagrin Blvd. Suite #204, Beachwood, Oh 44122 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Ram Tamir Name: 2809 NE 35 Ct. Office Address: Fort Lauderdale (City) 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. DIR	ECTORS Ram Tamir			
Chairman	2809 NE 35 Ct.		 -	
Address:	Fort Lauderdale, Oh 33308			
Vice Chai	Alon Weiner		-	
Address:	801 Briny Ave., Apt. 1601			
-	Pompano Beach, Fl 33062			 -
Director:				
Director:				
Address:				
B. OFFI	CERS			
President:	Ram Tamir			
Address:	2809 NE 35 Ct.		-	
1	Fort Lauderdale, Fl 33308	700	7818	
Vice Presid	Alon Weiner	1000	- BC	
Address: _	801 Briny Ave., Apt 1601	SSE SE	꽁	FAR RO
i	Pompano Beach, Fl 33062	OF S	3	<u>~</u> 00√
Secretary:	Alon Weiner	27 27 27	ယ္	
	01 Briny Ave., Apt 1601	<u> </u>	9	
	Pompano Beach, Fl 33062			
				
VOTE: If	necessary, you may attach an addendum to the application listing additional	officers and/or direc	tors.	
	Signature of Director or Officer			 _
third degr	or director signing this document (and who is listed in number 11 above) aff that he or she is aware that false information submitted in a document to the ree felony as provided for in s.817.155, F.S.	irms that the facts s Department of Stat	nted i	nerein stitutes
3.		······		
	(Typed or printed name and capacity of person signing applicati	on)		

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show TW INTERNATIONAL INC., an Ohio corporation, Charter No. 4033900, having its principal location in Beachwood, County of Cuyahoga, was incorporated on May 30, 2017 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 14th day of December, A.D. 2018.

Ohio Secretary of State

on Hastel

Validation Number: 201834802192