

F19000000140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

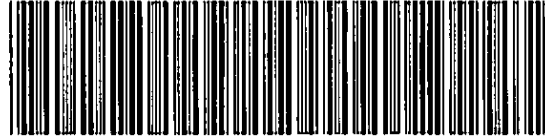
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/26/18--01038--015 \*\*78.73

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AND  
FILED  
2018 DEC 26 PM 5:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12/19

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TOOLGAL USA CORP

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:

TZAH I LEVINZON

Name of Person

LEVINZON CPA PC

Firm/Company

380 LEXINGTON AVE, SUITE 1700

Address

NEW YORK, NY 10168

City/State and Zip code

jessica@toolgalusa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TZAH I LEVINZON

Name of Person

at ( 212 ) 651-0990

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:

- ☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☒ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, 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.*

1. TOOLGAL USA CORP

(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. NEW YORK

(State or country under the law of which it is incorporated)

3. 03-0550399

(FEI number, if applicable)

4. 11/03/2004

(Date of incorporation)

5. \_\_\_\_\_

(Date of duration, if other than perpetual)

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7901 4th St N STE 300, St. Petersburg, FL 33702

(Principal office address)

283-A TRIBBLE STREET, ELBERTON, GA 30635

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agents Inc

Office Address: 7901 4th St N STE 300

St. Petersburg

(City)

, Florida 33702

(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.*



Registered Agents Inc.

Bill Havre

- Assistant Secretary

(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.

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

**A. DIRECTORS**

Chairman: ISRAEL SHAKED

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: ISRAEL SHAKED

Address: DEGANIA A, DEGANIA, ISRAEL 1512000

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: ISRAEL SHAKED

Address: DEGANIA A, DEGANIA, ISRAEL 1512000

Treasurer: ISRAEL SHAKED

Address: DEGANIA A, DEGANIA, ISRAEL 1512000

**NOTE:** If necessary, you may attach an addendum to this application listing additional officers and/or directors.

12. ☒ ISRAEL SHAKED

TOOL GAL DEGANIA LTD  
INDUSTRIAL DIAMONDS LTD  
DEGANIA, ISRAEL

Signature of Director or Officer

12/19/18

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. ISRAEL SHAKED, PRESIDENT & CEO

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

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TALLAHASSEE, FLORIDA

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**State of New York**  
**Department of State** } ss:

I hereby certify, that the Certificate of Incorporation of TOOLGAL USA CORP. was filed on 11/03/2004, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 07th day of December two  
thousand and eighteen.*

A handwritten signature in cursive script, appearing to read "Whitney Clark".

Whitney Clark  
Deputy Secretary of State