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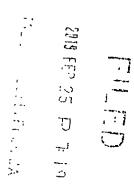
(Requestor's Name)				
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PICK-UP WAIT	MAIL			
(Business Entity Nam	ne)			
(Document Number)				
Certified Copies Certificates	of Status			
Special Instructions to Filing Officer:				

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COVER LETTER

TO: Registration Section				
Division of Corporations YML SOLUTIONS INC				
SUBJECT:		must include suffix		
ivame of c	огрогацоп -	- must include surfix		
Dear Sir or Madam:				
The enclosed "Application by Foreign Corpo "Certificate of Existence," or "Certificate of above referenced foreign corporation to trans	Good Stand	ling" and check are subr		
•			í.	
Please return all correspondence concerning this matter to the following: SHMUEL BRAND			£ 2.3	
	Name of P	erson		
S&T CONSULTING SERVICES INC			7 - <u>(</u>)	
	Firm/Comp	pany		
605 E NEW YORK AVENUE #6RF				ン
	Addre	SS	· · · · · · · · · · · · · · · · · · ·	_
BROOKLYN, NY 11203				
	City/State an	d Zip code		
yossi@ymlsolutions.com				
E-mail address: (t	o be used fo	or future annual report n	otification)	
For further information concerning this matt	er, please c	all:		
Ariel Lapidus	347	564 9585		
Name of Person	(Area Code	_) : Daytime Telepl	one Number	
Name of Ferson	Anta code	. Daytime Fotopi	ione (tamber	
Registration Section Registration Section		Registration Se	MAILING ADDRESS: Registration Section Division of Corporations	
Clifton Building		P.O. Box 6327		
2661 Executive Center Circle Tallahassee, FL 32301		Tallahassee, F	L 32314	
Enclosed is a check for the following amoun	nt:			
\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy	S87.50 Fi Certifica Certified	te of Status &

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. YML SOLUTIONS INC 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.") YML SOLUTIONS FL INC (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 82-3384668 (FEI number, if applicable) (State or country under the law of which it is incorporated) **NOVEMBER 13, 2017** (Date of duration, if other than perpetual) ? (Date of incorporation) 2/11/2019 6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7.9455 COLLINS AVE #301 SURFSIDE, FL 33154 (Principal office address) 63 Lawrence Ave. Lawrence, NY 11559 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Ariel Lapidus Name: 9455 COLLINS AVE #301 Office Address: SURFSIDE , Florida (City) 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Ariel Lapidus Chairman: 9455 COLLINS AVE #301 Address: SURFSIDE, FL 33154 Vice Chairman: Address: Address: Director: B. OFFICERS Ariel Lapidus President: 9455 COLLINS AVE #301 Address: SURFSIDE, FL 33154 Vice President: Ariel Lapidus Secretary: 9455 COLLINS AVE #301 Address: SURFSIDE, FL 33154 Treasurer: 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 11 above) affirms that the facts stated herein

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.

Ariel Lapidus, President

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of YML SOLUTIONS INC was filed on 11/13/2017, 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 11th day of February two thousand and nineteen.

Who trung Clark

Whitney Clark