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COVER LETTER

то:		tration Se ion of Cor						
SUBJ	ECT:	Shlez Gro	up Inc.					
			Name	of corporatio	n - must	include suffix		
Dear S	ir or M	adam:						
"Certif	ficate o	f Existenc		e of Good Sta	inding" a	and check are subn	Business in Florida," nitted to register the	
	Please return all correspondence concerning this matter to the following: ARR Schlesinger					2019 APR - SECRL TAT TALLAHAS	1	
			•	Name o	f Person			_
Shlez Group Inc. Firm/Company						PM 2: 40 Y CF STATE SEE, FLORID,		
985 E I	End Ave		· · · · · · · · · · · · · · · · · · ·					
				Add	russ			
Lakew	ood NJ	08701						
				City/State	and Zip	code		
shlezgr	oup@g	mail.com						
			E-mail addres	s: (to be used	for futu	re annual report no	otification)	
For fu	rther in	formation	concerning this i	natter, please	call:			
Mark Schlesinger at (718			791,9364					
	Nam	e of Perso	n	Area Co	de	Daytime Telepho	one Number	
	Regis Divis Clifto 2661	tration Se ion of Cor on Buildin	porations g Center Circle			MAILING AD Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations	
Enclos	sed is a	check for	the following an	ount:				
☐ \$70).00 Fil	ing Fee	☐ \$78.75 Filir Certificate			75 Filing Fee & fied Copy	■ \$87.50 Filing Fee, Certificate of Status Certified Copy	8

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.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp,") Schlez Group Inc. (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) (State or country under the law of which it is incorporated) (Date of incorporation) (Date of duration, if other thain perpential) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 985 E End Ave. (Principal office address)								
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida. New York 2. New York (State or country under the law of which it is incorporated) 4. 2/20/13 (Date of incorporation) (Date of incorporation) (Date of duration, if other than perpotual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 985 E End Ave. 1985 W. 1985 W								
2. New York (State or country under the law of which it is incorporated) 4. 2/20/13 (Date of incorporation) (Date of duration, if other thair perputual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 985 E End Ave. 1985 W. 1985 E. 20 10 10 10 10 10 10 10 10 10 10 10 10 10								
(State or country under the law of which it is incorporated) 4. 2/20/13 (Date of incorporation) (Date of duration, if other thair perpendial) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 985 E End Ave. 1985 WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW	rida)							
(Date of incorporation) (Date of duration, if other thair perponal) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7.985 E End Ave. [Askitwood], NT 08700	. •							
(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) 7.985 E End Ave. [Askerbed], NJ 0870]								
(Date of incorporation) (Date of duration, if other than perpendial) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7.985 E End Ave. Lakewad, NT 08701	71							
	三四							
(Current mailing address, if different)								
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Zalmen Aush								
Office Address: 3364 Catamaran Way								
Jacksonville , Florida 32223								
(City) (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 agent's signature)

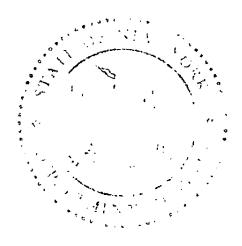
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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

A. DIRECTORS	
Chairman: Mark Schlesinger	
Address: 985 E End Ave	
Lakewood, NJ 08701	
Vice Chairman:	
Address:	
·	
Director: Mark Schlesinger	<u> </u>
Address: 985 E End Ave	
Lakewood, NJ 08701	AAS 20
Director:	
Address:	± (** *****
	
B. OFFICERS	PH 2:1
President: Mark Schlesinger	RIDA RIDA
Address: 985 E End Ave	
Lakewood, NJ 08701	
Vice President:	
Address:	
Secretary: Mark Schlesinger	
Address: 985 E End Ave Lakewood, NJ 08701	
Treasurer: Mark Schlesinger	
Address: 985 E End Ave Lakewood, NJ 08701	
NOTE: If necessary you may attach an addendum to the application listing add	litional officers and/or directors.
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 about are true and that he or she is aware that false information submitted in a document at third degree felony as provided for in s.817.155, F.S.	ove) affirms that the facts stated herein nt to the Department of State constitutes
13. Mark Schlesinger	
(Typed or printed name and capacity of person signing a	пррисаноп)

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of SHLEZ GROUP INC. was filed on 02/20/2013, 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 17th day of January two thousand and nineteen.

Whitney Clark

Deputy Secretary of State

Who may Clark