FIGCOAIL

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



900329401829

05/22/15--01020--017 **350.00

SECRUTARY OF STATE

Y SCOTT



COVER LETTER

TO: Registration S Division of Co			
SUBJECT: STOR	E LEASING INC.		
	Name of corporation	on - must include suffix	
Dear Sir or Madam:			
"Certificate of Existen	ation by Foreign Corporation for ee," or "Certificate of Good Sta gn corporation to transact busin	inding" and check are sub	
Please return all corres	spondence concerning this matt	er to the following:	
ADI H RAHATLE	V		2019 SE TAL
	Name o	f Person	F. I.L. SECRETAL TALLAHAS
	Firm/Co	mpany	PR L
3804 SW 49 PALCE FORT LAUDERDALI	Add	ress	DATE ORIDA
	City/State	and Zip code	
ADHIAI4U@GMAIL.C	OM E-mail address; (to be used	for future annual report	notification)
For further information	n concerning this matter, please	·	
ADI II RAHATLE	v at (<u>305</u>	900-7525	
Name of Pers	on Area Co	de Daytime Telep	phone Number
Registration S Division of Co Clifton Buildi	orporations ng e Center Circle	MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7
Enclosed is a check fo	r the following amount:		
■ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate 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.

	orp," "Inc," "Co." or "Corp.")					
(If name unavaila	able in Florida, enter alternate corpor	ate name adopt	ed for the purpose of transac	ting busine	ss in Fk	orida)
. <u>WYOMING</u>		383-				
(State or country	y under the law of which it is incorpo	orated)	(FEI number, if	[applicable]		
. 04/09/2019		5				
(Date	of incorporation)		(Date of duration, if oth	er than per	petual)	
·						
			ida, if prior to registration) .S., to determine penalty lial	kilina		
			.s., to determine penalty har	onny)		
<u>4054 SW 50TH</u>	STREET FORT LAUDERDALE FL		- 11 .x	₽S		
		(Principal of)	(ce address)	EC	2019 MA	
	(Curr	ent mailing ado	dress, if different)	<u>>2</u> -52 -51	AY	
	(Cur	cit mairing au	iress, it differents	55.5	22	
				<u></u>		
. Name and stree	et address of Florida registered ag	ent: (P.O. Bo	x NOT accentable)	mon Me		[Ti]
. Name and <u>stree</u>	et address of Florida registered ag	ent: (P.O. Bo	x <u>NOT</u> acceptable)	Y OF ST		
. Name and <u>stree</u> Name:	et address of Florida registered ag	ent: (P.O. Bo	x <u>NOT</u> acceptable)	Y OF STATE SEE, FLORIC		
Name:	ADI II RAHATLEV	ent: (P.O. Bo	x <u>NOT</u> acceptable)	TARY OF STATE ASSEE, FLORIDA	PH 4: 24	
Name:	ADI II RAHATLEV 3804 SW 49 PLACE			Y OF STATE SEE, FLORIDA		
Name:	ADI II RAHATLEV 3804 SW 49 PLACE FORT LAUDERDALE		. Florida <u>33312</u>	Y OF STATE SEE, FLORIDA		
Name:	ADI II RAHATLEV 3804 SW 49 PLACE			Y OF STATE SEE, FLORIDA		
Name; ffice Address; Registered age	ADI H RAHATLEV 3804 SW 49 PLACE FORT LAUDERDALE (City) ent's acceptance:		. Florida <u>33312</u> (Zip code)	·	PM 4: 24	
Name: Office Address: Registered ago	ADI II RAHATLEV 3804 SW 49 PLACE FORT LAUDERDALE (City) ent's acceptance: ed as registered agent and to acc	vept service of	. Florida <u>33312</u> (Zip code) ** ** ** ** ** ** ** ** ** ** ** ** **	ted corpo	PM 4: 24	at the pi
Name: ffice Address: Registered age laving been nam esignated in this	ADI II RAHATLEV 3804 SW 49 PLACE FORT LAUDERDALE (City) ent's acceptance: ed as registered agent and to acceptance application, I hereby accept the	ept service of appointment	. Florida <u>33312</u> (Zip code) [*] process for the above sta as registered agent and a	ited corpo igree to ac	PM 4: 24	at the pi
Name: Office Address: Registered ago laving been nam esignated in this uther agree to co	ADI II RAHATLEV 3804 SW 49 PLACE FORT LAUDERDALE (City) ent's acceptance: ed as registered agent and to acc	ept service of appointment statutes relati	. Florida <u>33312</u> (Zip code) ^f process for the above sta as registered agent and a we to the proper and com	uted corpo igree to ac plete perfe	PM 4: 24	at the pi
Name; Office Address: Registered ago faving been nam esignated in this arther agree to co	ADETERAHATLEV 3804 SW 49 PLACE FORT LAUDERDALE (City) ent's acceptance: ed as registered agent and to acceptance application, I hereby accept the comply with the provisions of all seconds.	ept service of appointment statutes relati	. Florida <u>33312</u> (Zip code) ^f process for the above sta as registered agent and a we to the proper and com	uted corpo igree to ac plete perfe	PM 4: 24	at the pi
Name; Office Address: Registered ago faving been nam esignated in this arther agree to co	ADETERAHATLEV 3804 SW 49 PLACE FORT LAUDERDALE (City) ent's acceptance: ed as registered agent and to acceptance application, I hereby accept the comply with the provisions of all seconds.	ept service of appointment statutes relati	. Florida <u>33312</u> (Zip code) ^f process for the above sta as registered agent and a we to the proper and com	uted corpo igree to ac plete perfe	PM 4: 24	at the pi

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:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	7. S. E. S.
Address:	
·	22 7
B. OFFICERS	P TO
President: ADI II RAHATLEV	- () -
Address: 3804 SW 49 PLACE	
FORT LAUDERDALE FL 33312	
Vice President:	
Address:	·
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing ad	
12. Signature of Director of Officer	<u>-</u>
The officer or director signing this document (and who is listed in number 11 at are true and that he or she is aware that false information submitted in a docume a third degree felony as provided for in s.817.155, F.S.	
13. <u>ADI H RAHATI EV PRESIDENT</u>	

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

STORE LEASING INC

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on **April 9**, **2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000850399**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 16th day of May, 2019 at 12:18 PM. This certificate is assigned 031120415.



Secretary of State PARSSEE, FLORID.

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.



Wyoming Secretary of State

2020 Carey Avenue Suite 700 Cheyenne, WY 82002-0020 Ph. 307-777-7311

For Office Use Only

WY Secretary of State FILED: Apr 9 2019 4:40PM Original ID: 2019-000850399

Profit Corporation Articles of Incorporation

I. The name of the corporation is:

STORE LEASING INC

II. The name and physical address of the registered agent of the corporation is:

Registered Agents Inc. 30 N Gould St Ste R Sheridan, WY 82801

III. The mailing address of the corporation is:

4054 SW 50TH ST FORT LAUDERDALE, FL 33314

IV. The principal office address of the corporation is:

4054 SW 50TH ST FORT LAUDERDALE, FL 33314

V. The number, par value, and class of shares the corporation will have the authority to issue are:

Number of Common Shares: 100

Common Par Value: \$100.0000

Number of Preferred Shares: 0

Preferred Par Value: \$0.0000

VI. The name and address of each incorporator is as follows:

ADI RAHATLEV 5054 SW 50TH ST FORT LAUDERDALE FL 33314

Signature:

ADI H RAHATLEV

Date: 04/09/2019

Print Name:

ADI H RAHATLEV

Title:

PRESIDENT

Email:

ADIHAI4U@GMAIL.COM

Daytime Phone #:

(305) 900-7525

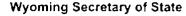
Wyoming Secretary of State



Daytime Phone #: (305) 900-7525

2020 Carey Avenue Suite 700 Cheyenne, WY 82002-0020 Ph. 307-777-7311

		the filing; that I am authorized to file these documents on behalf of the at the information I am submitting is true and correct to the best of my
		of the Wyoming Business Corporation Act, (W.S. 17-16-101 through 17-Act (W.S. 17-28-101 through 17-28-111).
	that the information submitted e vith the Wyoming Secretary of S	electronically by me will be used to generate Articles of Incorporation that tate.
✓ I intend and a filing.	agree that the electronic submis	sion of the information set forth herein constitutes my signature for this
✓ I have condu	cted the appropriate name sear	ches to ensure compliance with W.S. 17-16-401.
	er penalty of perjury, that I have a to add them to this business fili	received actual, express permission from each of the following ing: ADI RAHATLEV
Notic		ling a false document could result in criminal penalty and ution pursuant to W.S. 6-5-308.
W.S. 6-5	5-308. Penalty for filing falso	document.
of not m		able by imprisonment for not more than two (2) years, a fine (\$2,000.00), or both, if he files with the secretary of state
(i) Falsif	ies, conceals or covers up by	any trick, scheme or device a material fact:
(ii) Make	es any materially false, fictitic	ous or fraudulent statement or representation; or
l l	es or uses any false writing o titious or fraudulent statemen	r document knowing the same to contain any materially t or entry.
✓ I acknowledg	e having read W.S. 6-5-308.	
Filer is: 🗸 🗸	An Individual 🔲 An Orga	nization
Filer Information By submitting Incorporation.		ot this electronic filing as legal submission of my Articles of
Signature:	ADI H RAHATLEV	Date: 04/09/2019
Print Name:	ADI H RAHATLEV	
Title:	PRESIDENT	
Email:	ADIHAI4U@GMAIL.COM	





2020 Carey Avenue Suite 700 Cheyenne, WY 82002-0020 Ph. 307-777-7311

Consent to Appointment by Registered Agent

Registered Agents Inc., whose registered office is located at 30 N Gould St Ste R. Sheridan, WY 82801, voluntarily consented to serve as the registered agent for STORE LEASING INC and has certified they are in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

I have obtained a signed and dated statement by the registered agent in which they voluntarily consent to appointment for this entity.

Signature:

ADI H RAHATLEV

Date: 04/09/2019

Print Name:

ADI H RAHATLEV

Title:

PRESIDENT

Email:

ADIHAI4U@GMAIL.COM

Daytime Phone #: (305) 900-7525

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, Secretary of State of the State of Wyoming, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

CERTIFICATE OF INCORPORATION

STORE LEASING INC

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this **9th** day of **April**, **2019** at **4:40 PM**.

Remainder intentionally left blank.



Filed Date: 04/09/2019

Secretary of State

Filed Online By:

ADI H RAHATLEV

on 04/09/2019

Date of this notice: 04-09-2019

Employer Identification Number:

83-4353734

Form: SS-4

Number of this notice: CP 575 A

STORE LEASING INC 3604 SW 49TH PL FT LAUDERDALE, FL 33312

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 83-4353734. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIM and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIM. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120 04/15/2020

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Feriods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. I (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 3832, Entity Classification Election. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, Election by a Small Business Corporation.