# F190003415

(Requestor's Name)				
(Address)				
(Address)				
(City	y/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
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Y SCOTT

JUL 2 4 2019



June 7, 2019

JULIA BEN SHALOM 101 HUDSON ST. SUITE:2100 JERSEY CITY, NJ 07302

SUBJECT: VIBE ISRAEL USA Ref. Number: W19000054807

We have received your document for VIBE ISRAEL USA and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The name and title of the person signing the document must be noted beneath or opposite the signature.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Yvette Scott Document Specialist II

Letter Number: 819A00011463

JUL 2 2 2019

RECEIVED

### **COVER LETTER**

**TO:** Registration Section

Division of Corporations

SUBJECT: Vibe I Srael USA a N Non profit Corporation Name of Corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.
Please return all correspondence concerning this matter to the following:
Julia Ben Shalom Name of Person
Vibe Israel USA a N Non profit Constration T
101 Hudson St Free P D State 2100
Suite 2100 Address
Jersey City NJ 07302  City/State and Zip Code
Usaoffice Cyibei Srael. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Julia Ben Shalom at (201) U33-U487 Name of Person Area Code Daytime Telephone Number
MAILING ADDRESS: Registration SectionSTREET/COURIER ADDRESS: Registration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE  \$70.00 Filing Fee \$\sqrt{25}\$78.75 Filing Fee & \$\sqrt{25}\$878.75 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy  S87.50 Filing Fee, Certified Copy  Certified Copy

## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA: (Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.) (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) MARCH 2016 (Date of Incorporation) **Upon Registration** (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S, to determine penalty liability.) (Current mailing address, if different) 8. A nonprofit expanization using "cuntry branding" multiples: (Purpose(s) of corporation authorized in home state or country to be carried out in the state of in the world. We are working what the diasports & Pro Isocnel committee 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Office Address: , Florida 10. 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. Vincent Rojo on behalf of InCorp Services, (Registered agent's signature)

11. 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.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTO	<b>.</b>		1 1: 0 01 1
Chairman	Name: hichard Bernstein	□ Chairman	Name: Julia Ken Shalor
□Vice Chairman	Address: 1834 OAK BERRY	□Vice Chairman	Address: 200 5th St
□Director	_ Ciccle	Director	Jersey City N)
□President	Wellington, Florida	□President	
□Vice President	33414	Vice President	
□Secretary	□Treasurer	☐ Secretary	□Treasurer
Other:	Other:	Other:	Other:
□Chairman	Name: Jane Weitzman	□Chairman	Name: Alicia Oberma
□Vice Chairman	Address: 149 Toconic Rd	□Vice Chairman	Address: 485 Half Day
□Director	Greenwich CT	□Director	Suite 200
□President	<u></u> 01831	□President	Buffalo Grave I
□Vice President		□Vice President	
□Secretary	Treasurer	□Secretary	☐Treasurer
Other:	Other:	Other: Votic	g Meruber Other:
□Chairman	Name: MARIC Reisbaum	□Chairman	Name: Sum Pernick
□Vice Chairman	Address: 317 MADISON	□Vice Chairman	0 == 011: /
□Director	Ave, Suite 407	□Director	Bal Harbary FI
□President	New York, NY	□President	33154
□Vice President	10017	□Vice President	20, SEC
Secretary	□Treasurer	☐Secretary	□ Ligasurer (2)
□Other:	Other:	Mother: Voti	Menuber Other: 17
NOTE: Importan	nt Notice: Use an attachment to report more than six viduals may be added to the index when filing your	(6). The attachment Florida Department	will be imaged for reporting purposes only. of State Annual Report form.
13	(Signature of Chairman, Vice Chairman, or any of	Goar listed in asset	- 13 of the application
14. Execution		ulia Ba	en Shalom

# STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

#### VIBE ISRAEL USA A NJ NONPROFIT CORPORATION 0450056906

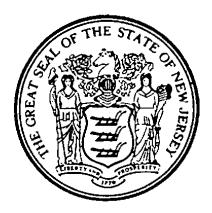
I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Non-Profit Corporation was registered by this office on March 03, 2016.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

JULIA BEN SHALOM 101 HUDSON STREET SUITE 2100 JERSEY CITY, NJ 07302 TALLAHASSEE, FLORIDA

2019 JUL 22 PM L: 3:



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 17th day of July, 2019

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6099027216

Verify this certificate online at

https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert jsp