

F1900000390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W19000076521

Office Use Only



700331990877

08/06/19--01015--001 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 AUG -6 PM 4:30

FILED

Y SCOTT

AUG 26 2019

✓



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 17, 2019

SHIRI JACKMAN
1671 WORCESTER D.
FRAMINGHAM, MA 01701

SUBJECT: VARIANTYX INC.
Ref. Number: W19000076521

We have received your document for VARIANTYX INC. 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 certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 619A00017015

COVER LETTER

TO: Registration Section
Division of Corporations
Tallahassee, Florida
Variantyx Inc.

SUBJECT: _____
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:
Shiri Jackman

Name of Person
Variantyx Inc.

Firm/Company
1671 Worcester Rd.

Address
Framingham, MA 01701

City/State and Zip code
shiri.jackman@variantyx.com

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

For further information concerning this matter, please call:

Shiri Jackman 617 2092090

Name of Person 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.

Variatyy, Inc.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
Delaware 471 885385

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
7/28/2014 5

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
7/8/2019

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
1671 Worcester Rd. Suite 300, Framingham, MA 01701

7. _____
(Principal office address)

(Current mailing address, if different)

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

Corporation Service Company

Name:

1201 Hayes Street

Office Address:

Tallahassee

32301

(City)

Florida

(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.

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

A. DIRECTORS

Haim Neerman ✓

Chairman:

20 Buckley Ave. Ashland MA, 01721

Address:

Vice Chairman:

Address:

Guy Ezekiel ✓

Director:

11 HaMenofim St. Bldg. B Herzliya 4672562, Israel

Address:

Noam Shomron ✓

Director:

64 Arie Leib Yaffe, Hertzeliya, Israel, 4632160

Address:

B. OFFICERS

Haim Neerman ✓

President:

20 Buckley Ave. Ashland MA, 01721

Address:

Vice President:

Address:

Tomer Jackman ✓

Secretary:

20 Fairview Dr. Southborough MA 01772

Address:

Treasurer:

Address:

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TALLAHASSEE
STATE
FLORIDA

1052

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

12. _____
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 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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Gregory Faust

Director: _____

2 Whitherbee Ln. Southborough, MA 01772

Address: _____

Hillel Bachrach

Director: _____

2000 Commonwealth Ave., (Suite 200) Auburndale, MA 02466

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. _____

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 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.

TAMER JACKMAN Secretary

FILED
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SICILIA
TALLAHASSEE, FLORIDA

2052

Delaware

The First State

Page 1,

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VARIANTYX INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF MAY, A.D. 2019.

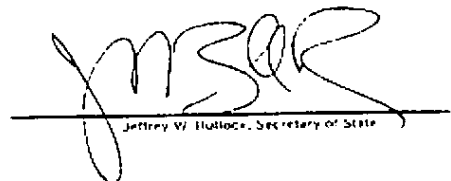
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VARIANTYX INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF JULY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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2019 AUG -6 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

5576501 8300

SR# 20193626322

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202780288

Date: 05-07-19