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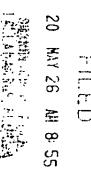
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer: 521 Corvected paramon? RUCLIVED LDC					
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COVER LETTER

	egistration Section Division of Corporations					
SUBJEC	Crope Delicious Holding	USA, Inc.				
оовил		ne of corporation	- must include suffix			
Dear Sir o	or Madam:					
"Certifica	sed "Application by Foreign te of Existence," or "Certific crenced foreign corporation t	ate of Good Stanc	ling" and check are subr	t Business in F nitted to registe	lorida er the	,
Please ret	um all correspondence conce	erning this matter	to the following:			
Raquel Jac	cobs					
***		Name of I	Person			
Tax Advis	ory Services LLC					
		Firm/Comp	pany			
111 North	Pine Island Rd. Suite 205					
		Addre	SS			
Plantation,	, FL 33324					
		City/State an	d Zip code	 		
sharon@p	icolocpa.com			 건도를	20	
	E-mail addr	ess: (to be used for	or future annual report ne	otification) 🚡		
For furthe	r information concerning this	s matter, please ca	d1:		MAY 26	
Raquel Jac	cobs	at (530-5333	1	À	0.5
N	lame of Person	Area Code	Daytime Teleph	one Number	8: 55	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Please mak	is a check for the following a e check payable to: FLORIDA Filing Fee	DEPARTMENT (OF STATE \$78.75 Filing Fee & Certified Copy	\$87.50 File Certificat Certified	c of S	-

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.

or the law of which it is incorporated) 3.	6-0522527 (FEI number, if ap			
r the law of which it is incorporated)				
	(FEI number, if applicable)			
5.				
orporation)	(Date of duration, if other	than perpetual)		
		ity)		
reet, Suite 425 Wilmington, DE 19801				
	·	FL 33324 		
	Box <u>NOT</u> acceptable)	20 MAY		
Advisory Services LLC	_	AY 26		
North Pine Island Rd, # 205		표 원 축 D		
ntation	— . Florida 33324	္တိုင္ငံ ထု		
(City)	(Zip code)	% 2S		
1 X	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 treet, Suite 425 Wilmington, DE 19801 (Principal office Seland Rd. # 205 C/O Tax Advisor (Current mailing a ress of Florida registered agent: (P.O. 1) Advisory Services LLC North Pine Island Rd, # 205 Intation (City) acceptance:	(Principal office street address) Island Rd. # 205 C/O Tax Advisory Services - Plantation, I (Current mailing address, if different) ress of Florida registered agent: (P.O. Box NOT acceptable) x Advisory Services LLC North Pine Island Rd, # 205 ntation , Florida 33324 (City) (Zip code)		

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

A. DIRECTORS	• •	•			
X (Chairman		Oded Yefet	□Chairman	Name:	
1 IVide Chairman	Address:	147 Citation Drive Concord ON L4K 2P8	[]Vice Chairman	Address:	
£1Director		_Canada	Director		
■ President	— —		[7]President		
17Vice President			CIVice President		
1 Secretary		☐ Treasurer	UBSecretary		ClTreasurer
[]Other		[TOther	⊞Other	<u>.</u> _	Other
E)Chairman	Name: [[DChairman	Name:	
∐Vice Chairman	Address:		□ Vice Chairman	Address:	
† IDirector			□ Director		
[]]President			□President		····
I IVice President			□Vice President		
☐ Secretary		[]Treasurer	ElSecretary		☐ Treasurer
UOther		[]Other	(30ther		, □Other
					N F-
□ Chairman	Name:		□Chairman	Name:	
[]Vice Chairman	Address:		∰Vice Chairman	Address: _	<u> </u>
Director			ElDirector		
l President			□President		
□Vice President			ClVice President		
Decretary		[]Treasurer	☐ Secretary		[]Treasurer
□Other		□Other	[]Other		☐ Other
		ichment to report more than six (6). The the index when filing your Florida Dep			g purposes only. Non-indexed
12.					
		Signature of Disc	ctor or Officer		
		g this document (and who is listed in mation submitted in a document to the D			
Odeo	Yufet, Pi	resident			

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CREPE DELICIOUS HOLDING USA, 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 TWENTY-NINTH DAY OF APRIL,

A.D. 2020.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CREPE DELICIOUS HOLDING USA, INC." WAS INCORPORATED ON THE NINETEENTH DAY OF JUNE, A.D. 2014.

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

Authentication: 202849439

Date: 04-29-20



May 12, 2020

Control of the Contro

RAQUEL JACOBS TAX ADVISORY SERVICES LLC 111 NORTH PINE ISLAND RD SUITE 205 PLANTATION, FL 33324 US

SUBJECT: CREPE DELICIOUS HOLDINGS USA, INC

Ref. Number: W20000046496

We have received your document for CREPE DELICIOUS HOLDINGS USA, INC and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 320A00009632

Laura D Chang Regulatory Specialist II

5/21 Coppicked paperwork
Received DC