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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INTERSTATE FILINGS LLC

Account Number : 120110000086 Phone : (718)569-2703 Fax Number : (718)504-7890

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FOREIGN PROFIT/NONPROFIT CORPORATION ENSUREDR INC.

Certificate of Status	0
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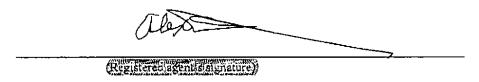
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

1. ENSURED	OR INC.		
•	of corporation: must include "INCORPORAT" ""Corp," "Inc," "Co," or "Corp.")	ED,	," "COMPANY," "CORPORATION,"
(If name una	available in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business in Florida)
2. DELAWAF	RE	3.	
(State or cou	intry under the law of which it is incorporated)	•	(FEI number, if applicable)
4. 6/24/2019		5.	PERPETUAL
(Date of incorporation)		(Duration. Year corp. will cease to exist or "perpetual")
6. 6/1/2020			
	The state of the s		n Florida, if prior to registration) 502, F.S., to determine penalty liability)
7. 1321 Uplan	d Dr. PMB: 7595 Houston, TX 77043		
<u> </u>	(Principal office	add	lress)
1321 Uplar	nd Dr. PMB: 7595 Houston, TX 77043		
	(Current mailing	add	lress)
8. ANY LAWE	FUL PURPOSE		
(Purp	ose(s) of corporation authorized in home state of	or co	ountry to be carried out in state of Florida).
9. Name and	street address of Florida registered agent: (P.C	D. Box NOT acceptable)
Name	e: INTERSTATE AGENT SERVICES,	LL	
Office Addres	ss:100 SE 2nd Street Suite 2000 #209		
	MIAMI		, Florida 33131
	(City)		(Zip code)
			•

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.



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

A. DIRECTORS
Chairman: URI SHAY
Address: HAMANOFIM 10 3rd FLOOR HERZELIYA 4672561 IL
Vice Chairman:
Address:
Director: URI SHAY
Address: HAMANOFIM 10 3rd FLOOR HERZELIYA 4672561 IL
Director:
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.
13 ((Signature of Director of Officer listed) in numbers (2:01 the application)
Uri Shay
(Typed or printed name and capacity of person signing application)

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "ENSUREDR 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-FIRST DAY OF MAY, 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 "ENSUREDR INC."

WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF JUNE, A.D. 2019.

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

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SR# 20204318549

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

Authentication: 202970035

Date: 05-21-20