

F20000005475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

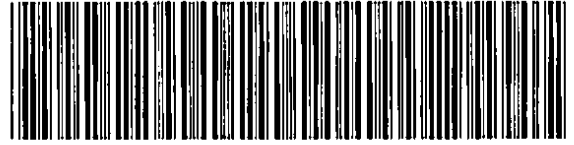
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
2020 DEC -7 PM 12:34
DIVISION OF CORPORATE REGISTRATION
TALLAHASSEE, FLORIDA

RECEIVED
2020 DEC -7 PM 4:53
DIVISION OF CORPORATE REGISTRATION

JS
12/8/20

Incorporating Services, Ltd.
1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

2020 DEC -7 PM 4:10

REQUEST DATE 12/7/2020

PRIORITY Routine

OUR REF # (Order ID#) 874392

ORDER ENTITY
HOLISTICCYBER INC.

PLEASE PERFORM THE FOLLOWING SERVICES:
HOLISTICCYBER INC. (FL)

File the attached foreign qualification document

NOTES:

\$70.00 Authorized
Email address for annual report reminders: radiv@incserv.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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. HOLISTICCYBER INC.

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

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

2. DELAWARE

(State or country under the law of which it is incorporated)

3. 37-1835973

(FEI number, if applicable)

4. 09/06/2016

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 125 CAMBRIDGE PARK DRIVE SUITE 301, CAMBRIDGE, MA 02140

(Principal office street address)

(Current mailing address, if different)

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

Name: Incorporating Services, Ltd.

Office Address: 1540 Glenway Drive

Tallahassee

(City)

Florida 32301

(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.

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

A. DIRECTORS

Chairman Name: MOSHE ISHAI
 Vice Chairman Address: 60 N LYLE
 Director TENAFLY, NJ 07670
 President _____
 Vice President _____
 Secretary Treasurer
 Other General Manager Other _____

Chairman Name: SHIMON SHEVES
 Vice Chairman Address: 3 HANECHOSHET ST
 Director TEL AVIV, ISRAEL
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____


Chairman Name: ANTHONY CARPINELLI
 Vice Chairman Address: 2301 COLLINS AVE, APT 834
 Director MIAMI BEACH, FL 33139
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: RAN SHAHOR
 Vice Chairman Address: 3 NARKIS ST
 Director MODEIIN, ISRAEL
 President _____
 Vice President _____
 Secretary Treasurer
 Other CEO Other _____

Chairman Name: NIRIT ICEKSON
 Vice Chairman Address: 124 WEST 60TH ST
 Director NEW YORK, NY 10023
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: SHIR EVEN ZOHAR
 Vice Chairman Address: 14 NAHAL KZIV ST
 Director KFAR YONA, ISRAEL 40300
 President _____
 Vice President _____
 Secretary Treasurer
 Other CFO Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

13. Shir Even Zohar , CFO
 (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 "HOLISTICYBER 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 DECEMBER, 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 "HOLISTICYBER INC." WAS INCORPORATED ON THE SIXTH DAY OF SEPTEMBER, A.D. 2016.

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

2020 DECEMBER 7 10:45:53




Jeffrey W. Bullock, Secretary of State

6143116 8300

SR# 20208573193

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

Authentication: 204244324

Date: 12-07-20