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COVER LETTER

TO: Registration Secti Division of Corpo					
SUBJECT: Apartable, I	nc.				
	Name of corporation	on - mus	st include suffix		
Dear Sir or Madam:					
"Certificate of Existence,"	n by Foreign Corporation fo or "Certificate of Good Sta corporation to transact busin	anding"	and check are sub		
Please return all correspon	ndence concerning this matte	er to the	following:		
Avishai Weiss					
	Name o	f Persoi	1		
Apartable, Inc.					
 	Firm/Co	mpany			
6 Wakefield Rd					
Scarsdale, NY 10583	Add	ress			2021
	City/State	and Zip	code		
avishai.weiss@gmail.com					ا م
	E-mail address: (to be used	for fut	ire annual report r	otification)	- ਦੁ
For further information co	oncerning this matter, please	call:			· · · · · · · · · · · · · · · · · · ·
Avishai Weiss	917 at (58	0-0318		J.
Name of Person	Area Co	de	Daytime Telep	none Number	
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		
• •	o: FLORIDA DEPARTMEN	□ \$78.	FATE 75 Filing Fee & ified Copy	S87.50 Fi Certificat Certified	e of Status &

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.

Apartable, Inc.				
	orporation: must include "INCORPORATED, orp." "Inc," "Co," or "Corp.")	" "COMPANY." "CORPORATION,"		
Apartable Florid	da, Inc.			
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting bu	usiness in Florida)	
2. New York 3.		46-0696910		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
4. 02/28/2012	5.			
4. (Date of incorporation) 5. (Da		(Date of duration, if other than	(Date of duration, if other than perpetual)	
6.				
	(Date first transacted business in	n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
7 304 S. Jones Blve	d, Suite 1871, Las Vegas, NV 89107			
	(Principal off	ice <u>street</u> address)	<u>-</u> .	
			36	
	(Current mailir	ng address, if different)	-	
8. Name and street	et address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)	(1)	
Name:	Avishai Weiss		-77	
Office Address:	1849 S Ocean Drive, #1014		7: 26	
	Hallandale Beach	, Florida	٠, ر،	
	(City)	(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.

A. DIRECTORS	Avishai Weiss	•					
□Chairman	Name:	□ Chairman	Name:				
□ Vice Chairman	Address: Hallandale Beach, FL 33009	□Vice Chairman	Address:				
□Director	Hallandale Beach, F1, 3,009	□Director					
President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	☐ Secretary	Treasurer				
□Other	[]Other	□Other	[]Other				
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□ Vice President		□Vice President	20.				
□Secretary	□Treasurer	□Secretary	☐ Treasurer				
□Other	□Other	Other	Other 5				
□ Chairman	Name:	□Chairman	Name:				
	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	□Secretary	□Treasurer				
□Other	Other	Other	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.

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of APARTABLE, INC. was filed on 02/28/2012, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 02nd day of December two thousand and twenty.

Brandon C Higher

Brendan C Hughes
Executive Deputy Secretary of State