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COVER LETTER

TO: Registration Section Division of Corporations					
Dahan Hospitali	ty Inc				
1	Name of corporation	- must include suffix	· · · · · · · · · · · · · · · · · · ·		
Dear Sir or Madam:					
The enclosed "Application by Fore "Certificate of Existence," or "Cert above referenced foreign corporation	ificate of Good Stand	ling" and check are sub			
Please return all correspondence co Aaron Dahan	ncerning this matter	to the following:	2921 F		
	Name of I	Person	150		
Dahan Hospitality Inc.			1. 1. 1.0		
300 East 54th Street	Firm/Comp	oany	2:		
-	Addre	20			
New York, NY 10022	Addre	55			
Aaron@caffearonne.com	City/State an	d Zip code			
	44				
it-mair a	daress: (to be used to	or future annual report n	ourication)		
For further information concerning	this matter, please ca	ill:			
Aaron Dahan 646 2343555					
Name of Person	at (at Code	_) Daytime Teleph	none Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	DA DEPARTMENT	OF STATE \$78.75 Filing Fee & Certified Copy			

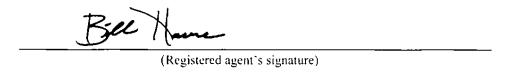
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

1	Dahan Hospitalit	-						
••	(Enter name of corpora "Inc.," "Co.," "Corp," "	tion: must include "INCORPORATED Inc." "Co," or "Corp.")	," "COM	4PANY	." "CORPORA"	TION."		
2.	New York	Florida, enter alternate corporate name	83-1	40501	17	Ŭ		orida)
 4.	(State or country unde 07/31/2018			(FEI number, if applicable)				
6.	(Date of inc	orporation) 5.		(Date	e of duration, if of	her than perp	etual)	
7		(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1 eet, New York, NY 10022 (Principal off	502, F.S.	., to det	termine penalty li		2021 = =	
						••	#7 22 00	<u>:</u> :
8.		(Current maili ess of Florida registered agent: (P.6 egistered Agents Inc.					PH 2: 10	j
Οſ	Tice Address:	01 4th St N STE 300						
	St	Petersburg (City)	I	Florida	33702 (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.



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	• • •				
∵DChairman	Aaron Dahan		Name:		
	Name:300 East 54th Street	□Vice Chairman			
Fig.	Address: New York, NY 10022				
Director		Director			
□President		□ President			
☐Vice President		□ Vice President			
☐Secretary	□Treasurer	■Secretary		□Γreasurer	
□Other	Other	□Other		Other	
□ Chairman	Name:	Chairman	Name:		
☐Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		☐Director		2021 55	
□President		□ President			
□Vice President		□Vice President		4.7 1	
☐Secretary	□Treasurer				
•		☐Secretary		· :	
Other	Other	□Other		□Other <u>□</u>	
□Chairman	Name:	□ Chairman			
☐Vice Chairman	Address:	□Vice Chairman	Address:		
Director		Director			
President		President	<u></u>		
□Vice President		□Vice President			
□Secretary	□Treasurer	□Secretary		□Freasurer	
□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.					
	Signature of Director of				
The officer or direc	tor signing this document (and who is listed in numbe	r 11 above) affirms th	at the facts state	d herein are true and that he or	

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.

Aaron Dahan

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of DAHAN HOSPITALITY INC was filed on 07/31/2018, 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.



Witness my hand and the official seal of the Department of State at the City of Albany, this 11th day of February two thousand and twenty-one.

Breden C Hylan

Brendan C. Hughes
Executive Deputy Secretary of State

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