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### COVER LETTER

**2**4

TO: Registration Section Division of Corporations				
SUBJECT: ALE YT CORPORA	TION			
	Name of corporation	ı - must include suffix		
Dear Sir or Madam:				
The enclosed "Application by For "Certificate of Existence," or "Ce above referenced foreign corporat	rtificate of Good Star	nding" and check are subm		
Please return all correspondence c	oncerning this matte	r to the following:		
Avraham Cutler				
	Name of	Person		
Bailon Stoll Bader & Nadler, P.C.				
	Firm/Con	npany		
810 Seventh Avenue, Suite 405				
	Addr	ess	-	
New York, NY 10019				
	City/State a	ınd Zip code		
dsemeniuk@ballonstoll.com				
E-mail	address: (to be used	for future annual report no	tification)	
For further information concerning	g this matter, please (	call:		
Daryna Semeniuk	at ( 212	575-7900	Daytime Telephone Number	
Name of Person	Area Cod	e Daytime Telepho	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sec Division of Cor P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
-	RIDA DEPARTMENT	FOF STATE  ☐ \$78.75 Filing Fee &  Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy	

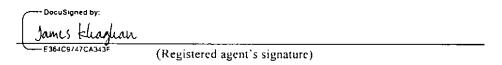
## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

ALE YT CORE	PORATION		
(Enter name of c	corporation; must include "INCORPORATED," 'Corp," "Inc." "Co," or "Corp.")	'COMPANY," "CORPORATION,"	-
(If name unavail	able in Florida, enter alternate corporate name ad-	opted for the purpose of transacting	business in Florida)
2. Delaware	3		
(State or counti	y under the law of which it is incorporated)	(FEI number, if applicable)	
4. 1/25/2021	5.		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
6.			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		\
_ 1415 Collins Ave	enue, Miami Beach, FL 33139	i, r.s., to determine penany hability	)
7	(Principal office	street address)	
	(Current mailing a	address, if different)	
8. Name and stree	et address of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptable)	- ·
Name:	JAMES KHAGHAN		j.
Office Address:	1415 Collins Avenue		· ·
	Miami Beach	Florida	. :
	(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.



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.

#### DocuSign Envelope, ID: 3233290F-8D5C-4CE4-8AC2-B594D6D61A10

#### A. DIRECTORS JAMES KHAGHAN MAXWELL KHAGHAN Name: \_\_ □Chairman □Chairman Name: 1415 Collins Avenue, 1415 Collins Avenue, □Vice Chairman Address: □ Vice Chairman Address: Miami Beach, Fl. 33139 Miami Beach, FL 33139 **■**Director ■ Director President ☐ President □Vice President ■ Vice President □ Secretary □Treasurer ■ Secretary □ Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ ☐ Other \_\_\_\_\_ □Other DANIEL TENNANT Name: □ Chairman Chairman Name: \_\_\_\_\_ 1415 Collins Avenue. □Vice Chairman Address: Address: \_\_\_\_\_ ☐ Vice Chairman Miami Beach, FL 33139 **■** Director □Director □President □President □ Vice President □Vice President □ Secretary Treasurer □ Secretary Treasurer Assistant Secretary Other \_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Chairman Name: \_\_\_\_ □ Chairman Name: \_\_\_\_\_ □Vice Chairman 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. James Eliaghan 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. James Khaghan, President



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

DELAWARE, DO HEREBY CERTIFY "ALE YT CORPORATION" 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-SIXTH DAY OF JANUARY, A.D.

2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALE YT

CORPORATION" WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF JANUARY,

A.D. 2021.

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

Authentication: 202375927

Date: 01-26-21

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