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COVER LETTER

TO:	Registration Section Division of Corpora						
SUBJ	ECT:	C2C Broke	ers Inc.				
		Name of corporati	on - mus	t include suffix			
Dear S	Sir or Madam:						
"Certi	ficate of Existence,"	by Foreign Corporation for "Certificate of Good Storporation to transact busing	anding"	and check are sub			
Please	return all correspond	lence concerning this matt	ter to the	following:			
		Elirar	Shalo	m		202	
		Name o	of Person	l	,		-
		C2C Broi	kers Ind	5 .	,	ŽŽ (- ecen
		Firm/Co	ompany			`	} [*]
		7566 Ty	ndali Di	г.	. • 1	PK	
		Add	dress	-	(1) 10 11		
		Gloucester Po	int, VA	23062		<u> </u>	
		City/State	and Zip	code			
		eli@c2cbrol E-mail address: (to be use	kers.co d for futu	m ire annual report r	notification)		
For fu	rther information con	cerning this matter, please	e call:	·			
E	Eliran Sahlom	at (<u>949</u>)	346-7303			
	Name of Person	Area Co	ode	Daytime Telep	hone Number		
	STREET/COURING Registration Section			MAILING A Registration S			
Division of Corporations				Division of Co	orporations		
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				P.O. Box 632			
	Tallahassee, FL 32	•		Tallahassee, F	L 32314		
	sed is a check for the make check payable to:	following amount: FLORIDA DEPARTMEN	T OF ST	TATE			
		\$78.75 Filing Fee & Certificate of Status	□ \$ 78.3	75 Filing Fee & ified Copy	□ \$87.50 Fil 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.

1.		C2C Brokers I				_			
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")								
	, ,	p,,,							
	(16 man and 11 man)	1- in Fig. 21.		16.4	·	-			
	(II name unavailad	le in Florida, enter alternate corpora	ite name adop	ted for the purpose of transacting bi	isiness in Florida)				
2.	Vi	rginia	3	86-2319008	008				
	Virginia 3. 86-2319008 (State or country under the law of which it is incorporated) (FEI number, if applicable)								
4.	02/25/2	2021	5.						
		f incorporation)		(Date of duration, if other than	perpetual)	-			
6.						_			
		(Date first transacted by (SEE SECTIONS 607.1501	usiness in Flo & 607.1502, I	rida, if prior to registration) F.S., to determine penalty liability)	202				
7.	7566 Tvnda	III Dr., Gloucester Point, \	/A 23062		-44 =				
				reet address)	ガ -	Carent Carent			
		(Сите	nt mailing ad	dress, if different)		176			
					in the same				
8.	Name and street	address of Florida registered age	nt: (P.O. Bo	x NOT acceptable)	PH 4: 31				
	Name:	Registered Agents Inc	<u>; </u>	-	[' '				
Oi	ffice Address:	7901 4th St. N Ste 30	0	-					
		St. Petersburg (City)		, Florida 33702					
		(City)		(Zip code)					
9.	Registered agen	t's acceptance:							
H	aving been named	i as registered agent and to acce	ept service oj	f process for the above stated co	rporation at the	place			
de	signated in this a	pplication, I hereby accept the a	ppointment	as registered agent and agree to	act in this capa	city. I			
ju an	riner agree to con id I am familiar w	nply with the provisions of all st vith and accept the obligations o	atutes retati f mv positio	ve to tne proper and complete p n as revistered agent.	erformance of m	y duties,			
	•								
		t 2 .	71						
		(Davidson)	igent's signati		-				
		(Kegistered a	ikem a sikusu	шс)					
10	. Attached is a ce	rtificate of existence duly authen	iticated, not	more than 90 days prior to delive	ery of this applica	tion 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 Name: Eliran Shalom □ Chairman Name: ☐ Chairman □Vice Chairman Address: 7566 Tyndall Dr □Vice Chairman Address: Gloucester Point, VA 23062 ☐ Director ☐ 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 ☐ Secretary □ Secretary ☐ Treasurer ☐ Treasurer □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. 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.

Eliran Shalom, Ower/President

Commontoralth of Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That C2C Brokers Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on February 25, 2021;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

ORATION COLUMNS SION

Signed and Sealed at Richmond on this Date:

March 23, 2021

Bernard J. Logan, Clerk of the Commission