F210000000056

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Document Number)
,
Certified Copies Certificates of Status
Germica copies
Special Instructions to Filing Officer:
1

Office Use Only



600363044796

04/05/21--01028--015 **70.00

2021 APR -5 PM 3: 20 SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: INTEGRATED SUPPLIERS IN	С					
	corporation -	must include suffix				
Dear Sir or Madam:						
The enclosed "Application by Foreign Corpo" "Certificate of Existence," or "Certificate of above referenced foreign corporation to tran	Good Stand	ing" and check are submitted to				
Please return all correspondence concerning	this matter t	o the following:				
YORAM SHAKIB			(o N			
ALPHA CONSULTING & TAX INC	Name of P	erson	121 APR			
17525 VENTURA BLVD #312	Firm/Comp		-S PR			
ENCINO, CA 91316	Addres	S	3: 26 3: 7ATE			
RECEPTION@ALPHATAX.BIZ	City/State and	d Zip code				
E-mail address: (to be used fo	r future annual report notificati	оп)			
For further information concerning this matt	er, please ca	11:				
YORAM SHAKIB 818 784-2525						
Name of Person	Area Code	Daytime Telephone Nu	ımber			
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Section Division of Corporation P.O. Box 6327	Division of Corporations			
Enclosed is a check for the following amount Please make check payable to: FLORIDA DEP. \$70.00 Filing Fee	ARTMENT (\$78.75 Filing Fee & S8 Certified Copy C	37.50 Filing Fee, ertificate of Status & ertified 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.

I	SUPPLIERS INC						
(Enter name of c	orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"		•	_	
(If name unavail	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting bu	isiness in	Florida	<u></u>	
CALIFORNIA			46-5770537				
(State or countr	y under the law of which it is incorporated)	(FEI number, if applications)	able)		_	
4		5.					
(Date of incorporation)			(Date of duration, if other than perpetual)				
6					•		
	(Date first transacted busine (SEE SECTIONS 607,1501 & 60	:ss ii)7.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	333	2021		
7 611 S FORT HAI	RRISON AVE #404 CLEARWATER, FL		• • • • • • • • • • • • • • • • • • • •	CRE	APR		
··			ce <u>street</u> address)		-2 -5		
				NASSER 10 YEAR	70		
	(Current m	ailir	ng address, if different)	نى دن	ယ္		
0 Managard 4	and the second s			77	: 26		
o. Name and sire	et address of Florida registered agent:	(P.C	D. Box NOT acceptable)	* • •	.		
Name:	JORDEN ZUR						
Office Address:	611 S FORT HARRISON AVE #404						
	CLEARWATER		 , Florida 33756				
	(City)		(Zip code)				
9. Registered ag	ent'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 JORDEN ZUR □Chairman □ Chairman Name: _____ 611 S FORT HARRISON AVE □Vice Chairman Address: Address: ☐ Vice Chairman #404 CLEARWATER, FL 33756 ☐ Director Director President □ President □ Vice President ☐ Vice President ■ Secretary Treasurer ☐ Secretary Treasurer Other ____ Other _____ □Other _____ ☐Other ______ □ Chairman Chairman Name: □ Vice Chairman Address: _____ ☐ Vice Chairman Address: Director □Director □President □ President □Vice President ☐Vice President ☐ Secretary ☐ Treasurer ☐ 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 _____ 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 Office 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. **JORDEN ZUR** 13.

(Typed or printed name and capacity of person signing application)



I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: INTEGRATED SUPPLIERS INC

File Number: C3678159
Registration Date: 05/21/2014

Entity Type: DOMESTIC STOCK CORPORATION

Jurisdiction: CALIFORNIA

Status: ACTIVE (GOOD STANDING)

As of March 31, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses dany, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this sertificate and affix the Great Seal of the State of Salifornia this day of March 31, 2021.

SHIRLEY N. WEBER, Ph.D. Secretary of State

Certificate Verification Number: Z26W5VY