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TO:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone : (800) 221-2972

Fax Number

: (917)243-5843

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FOREIGN PROFIT/NONPROFIT CORPORATION

Jacques Moret, Inc.

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Jacques Moret.	Inc.	
(Enter name of c	orporation; must include "INCORPORATED orp." "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"
(If name unavail	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting business in Florida)
Delaware		13-2812613
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)
08/06/2002	5	Perpetual
(Date	of incorporation)	(Date of duration, if other than perpetual)
01/03/2021		
1.111 Hrondway S	Rth Floor New York, NY 10018	1502, F.S., to determine penalty liability)
		ipal office address)
141: Bloadway	(Princ	ipal office address) ing address, if different)
	(Princ (Current mail et address of Florida registered agent: (P	ing address, if different) O. Box NOT acceptable)
	(Princ	ing address, if different) O. Box NOT acceptable)
Name and stree	(Princ (Current mail et address of Florida registered agent: (P	ing address, if different) O. Box NOT acceptable)
Name and stre	(Princ (Current mail et address of Florida registered agent: (P BlumbergExcelsior Corporate Services, Ir	ing address, if different) O. Box NOT acceptable)

Jose Mojica, Asst Sec
(Registered agent's signature)

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.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS
Joseph Harary Chairman:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President:
Address:
Vice President:
Address:
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12. Signature of Director or Officer Signature of Director or Officer Signature of Director or Officer
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.
Joseph Harary-President
(Typed or printed name and capacity of person signing application)

<u>Delaware</u>

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The First State

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

DELAWARE, DO HEREBY CERTIFY "JACQUES MORET, INC." 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-FIRST DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JACQUES MORET,
INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF JUNE, A.D.
2002.

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

Authentication: 203262077

Date: 05-21-21