F2100000350H

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John J.



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 8, 2021

ZACHARY PHILLIPS, ESQ, 12773 FOREST HILL BLVD SUITE 106 WELLINGTON, FL 33414

SUBJECT: RAVIV HOLDINGS INC.

Ref. Number: W21000063346

We have received your document for RAVIV HOLDINGS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is L20000034723.

The document must contain both the street address of the principal office and the mailing address of the entity.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott Document Specialist II

Letter Number: 721A00009662

RECEIVED

COVER LETTER

то:	Registration Section Division of Corporations			
SUBJ	FCT: Raviv Holdings Inc.			
5020	Name of corporation - mus	t include suffix		
Dear S	ir or Madam:			
"Certi:	sclosed "Application by Foreign Corporation for Autho ficate of Existence," or "Certificate of Good Standing" referenced foreign corporation to transact business in F	and check are submitted to register t	ida,'' he	
Please	return all correspondence concerning this matter to the	following:	. . .	
Zachai	y Phillips, Esq.	. •	3	
	Name of Person	1	造.	
Kelk F	hillips, P.A.	·	٠. ت ا	
	Firm/Company	Ç.	P11 4:	
12773	Forest Hill Blvd., Suite 106	- \\ - \\ - \\ - \\ - \\ - \\ - \\ - \	<u></u>	
	Address	· :-	: 50	
Wellin	gton, FL 33414			
	City/State and Zir	code		
alex@	makoplastics.com			
	E-mail address: (to be used for fut	ure annual report notification)		
For fu	rther information concerning this matter, please call:			
Zachai	Zachary Phillips at (561) 515-0838			
-	Name of Person Area Code	Daytime Telephone Number	-	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please	-	TATE 75 Filing Fee & Certificate of Certified Co	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.

" "Inc." "Co." or "Corp.")	ED." "COMPANY," "CORPORATION," ame adopted for the purpose of transacting b	usiness in Florida)
		usiness in Florida)
nder the law of which it is incorporated	2	
nder the law of which it is incorporated	•	
	d) (FEI number, if applic	able)
	5.	<u>,</u>
	5. (Date of duration, if other than	n perpetual)
(Date first transacted busin (SEE SECTIONS 607,1501 & 6	ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability)	. دی
(Principa	d office <u>street</u> address)	5
(Current n	nailing address, if different)	· •
	(P.O. Box <u>NOT</u> acceptable)	
Wellington	. Florida	
(City)	(Zip code)	
as registered agent and to accept oplication, I hereby accept the appoint with the provisions of all statuith and accept the obligations of m	ointment as registered agent and agree attes relative to the proper and complete pay position as registered agent.	to act in this capacity. A
	(Date first transacted busin (SEE SECTIONS 607,1501 & 6 fills Road, Richmond Hill, O (Principal Current is address of Florida registered agent: Kelk Phillips PA 12773 Forest Hill Blvd., Suite 106 Wellington (City) C's acceptance: as registered agent and to accept optication, I hereby accept the approphy with the provisions of all statuith and accept the obligations of in	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Hills Road, Richmond Hill, ON L4E 2N5 (Principal office street address) (Current mailing address, if different) Indicates of Florida registered agent: (P.O. Box NOT acceptable) Kelk Phillips PA 12773 Forest Hill Blvd., Suite 106 Wellington (City) (City) (Zip code)

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			
[]Chairman	Alexander Raviv Name:	7]Chairman	Name: Anna Raviv
⊡Vice Chairman	Address: 8 Beaufort Hills Rd.	□Vice Chairman	Address: 8 Beaufort Hills Road
Director	Richmond Hill, ON L4E 2N5 Canada	⊘ Director	Richmond Hill, ON L4E 2N5
⊋ President		□President	Canada
□Vice President		DVice President	
	□Treasurer	□ Secretary	□Treasurer
□Other	Other	ZOther	Other
☐ Chairman	Name:	Chairman	Name:
□Vice Chairman:	Address:	UVice Chairman	Address:
□D:rector		Director	
□Presideat		L'President	
□Vice President		J Vice President	
————————————————————————————————————	[]Treasurer	T/Secretary	Treasurer
	□Other	1 10ther	Sothers
	Name:	[]Chairman	
	Address:		Address:
☐ Director			
□President		□President	
□Vice President		□Vice President	
□ Secretary	□Treasurer	CI Secretary	☐ Treasurer
□Other	☐Óther	□Other	Other
Important Notice; individuals may c	Use an attachment to report more than six (6). The be added to the index when filing your Florida Department of the control of	riment of State Annual R	eport form.
12.	Signature of Direct	or or Officer	
she is aware that s.817.155, F.S.	ector signing this document (and who is listed in nu- faise information submitted in a document to the De	mber 11 above) affirms t partment of State constit	tutes a third degree felony as provided for in
13.	ALEXANDER RAVIV (Typed or printed name and capacity of printed name)		ident
	4 1 Special branea mane and coloners on b		

Certificate of Compliance

Canada Business Corporations Act s. 263.1

Certificat de conformité

Loi canadienne sur les sociétés par actions art. 263.1

Raviv Holding Inc.

Corporate name · Dénomination sociale

1268239-7

Corporation number Numéro de societé

I HEREBY CERTIFY that the corporation named above:

- exists under the Canada Business Corporations Act;
- · has filed the required annual returns; and
- · has paid all prescribed fees required.

JE CERTIFIE, par la présente, que la société cidessus mentionnée

- existe en vertu de la Loi canadienne sur les societes par actions:
- a déposé les rapports annuels exigés; et
- a acquitté les droits prescrits.

planered 9

Raymond Edwards

Director / Directeur

2021-03-09

Issuance date (YYYY-MM-DD)
Date d'émission (AAAA-MM-II)