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(Requestor's Name)				
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## **COVER LETTER**

	stration Section sion of Corporations			
SUBJECT:	SERVYOGO INC.			
SOBSECT.		corporation -	must include suffix	
Dear Sir or M	1adam:			
"Certificate o	"Application by Foreign Corp of Existence," or "Certificate of ficed foreign corporation to trans	f Good Stand	ing" and check are submi	
Please return	all correspondence concerning	g this matter t	o the following:	
SAM ROSEN				
		Name of P	erson	
ROSEN LAW	GROUP PLLC			
		Firm/Comp	any	
2 OVERHILL	RD STE 400			
		Addres	SS .	
SCARSDALE	NY 10583			
-		City/State and	d Zip code	
SAM@ROSE	NLAWGROUP.COM			
	E-mail address:	to be used fo	r future annual report not	ification)
For further in	formation concerning this mat	ter, please ca	II:	
SAM ROSEN	91	212	981 - 3966 EXT 21	
Nam	e of Person	Area Code	Daytime Telepho	ne Number
Regis Divis The C 2415	EET/COURIER ADDRESS: stration Section tion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations
	check for the following amounted payable to: FLORIDA DEFing Fee S78.75 Filing Certificate of	PARTMENT OF		■ \$87.50 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.

misin Con C	orp," "Inc," "Co," or "Corp.")			
SERVYOGO	FL INC.			
(If name unavail	able in Florida, enter alternate corporate na	me adopted for the purpose of transaction	ng business in Florida)	
DELAWARE		3. 86-1778780		
(State or countr	y under the law of which it is incorporated)	(FEI number, if a	pplicable)	
JANUARY 19, 2021 5.		(Date of duration, if other than perpetual)		
(Date	of incorporation)	(Date of duration, if other	than perpetual)	
·				
		is in Florida, if prior to registration) 7.1502, F.S., to determine penalty liabil	lity)	
5371 SW 32ND 1	TER, FORT LAUDERDALE FL 33312-79			
		office street address)	<del></del>	
	` .	<del></del>		
	(Current ma	ulling address, if different)	<del></del>	
	(Current ma	ulling address, if different)	2	
. Name and stre	(Current ma		21	
	, in the second		21 Jul	
Name:	et address of Florida registered agent: (		3.5 - r	
Name:	et address of Florida registered agent: (  JOEY ISHAKI  5371 SW 32ND TER	P.O. Box <u>NOT</u> acceptable)	- <del>-</del> ω [	
Name:	et address of Florida registered agent: (  JOEY ISHAKI  5371 SW 32ND TER	P.O. Box <u>NOT</u> acceptable)	13 P	
Name:	et address of Florida registered agent: (  JOEY ISHAKI  5371 SW 32ND TER		- <del>-</del> ω [	
Name: Office Address:	et address of Florida registered agent: (  JOEY ISHAKI  5371 SW 32ND TER  FORT LAUDERDALE  (City)	P.O. Box <u>NOT</u> acceptable)	13 P	
Name:  Office Address:  Registered ag	et address of Florida registered agent: (  JOEY ISHAKI  5371 SW 32ND TER  FORT LAUDERDALE  (City)  ent's acceptance:  med as registered agent and to accept so	P.O. Box NOT acceptable) , Florida 33312-7903  (Zip code)  ervice of process for the above state	13 PH 4: 12 PH 12	
Name:  Office Address:  Registered ag  Having been nan  designated in this	et address of Florida registered agent: (  JOEY ISHAKI  5371 SW 32ND TER  FORT LAUDERDALE  (City)  ent's acceptance: ned as registered agent and to accept see application, I hereby accept the appoint	P.O. Box NOT acceptable)  P.O. Box NOT acceptable  Florida 33312-7903  (Zip code)  Prvice of process for the above state intment as registered agent and agr	ed corporation at the place ree to act in this capacity. I	
Name:  Office Address:  Registered aglaving been namesignated in this	et address of Florida registered agent: (  JOEY ISHAKI  5371 SW 32ND TER  FORT LAUDERDALE  (City)  ent's acceptance:  med as registered agent and to accept so	P.O. Box NOT acceptable)  , Florida 33312-7903 (Zip code)  ervice of process for the above state intment as registered agent and aging relative to the proper and completes.	ed corporation at the place ree to act in this capacity. I	
Name:  Office Address:  Registered ag Javing been name lesignated in this wither agree to designate agree	et address of Florida registered agent: (  JOEY ISHAK!  5371 SW 32ND TER  FORT LAUDERDALE  (City)  ent's acceptance: and as registered agent and to accept so application, I hereby accept the appointments of all statute.	P.O. Box NOT acceptable)  , Florida 33312-7903 (Zip code)  ervice of process for the above state intment as registered agent and aging relative to the proper and completes.	ed corporation at the place ree to act in this capacity. I	
Name:  Office Address:  Registered ag  Having been nan  lesignated in this  urther agree to d	et address of Florida registered agent: (  JOEY ISHAK!  5371 SW 32ND TER  FORT LAUDERDALE  (City)  ent's acceptance: and as registered agent and to accept so application, I hereby accept the appointments of all statute.	P.O. Box NOT acceptable)  , Florida 33312-7903 (Zip code)  ervice of process for the above state intment as registered agent and aging relative to the proper and completes.	ed corporation at the place ree to act in this capacity. I	

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS	• •					
□Chairman	Name: ELI ITZHAKI	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director	FORT LAUDERDALE FL 33312-7903	□Director				
President		□President				
□Vice President		□Vice President	<del> </del>			
□Secretary	□Treasurer	☐ Secretary	☐Treasurer			
□Other	Other	□Other	Other			
□ Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		Director				
□President		□President				
□Vice President	<del></del>	□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	<del></del>	□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.						
13. ELI ITZHAKI,	PRESIDENT					



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

DELAWARE, DO HEREBY CERTIFY "SERVYOGO 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 FIRST DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SERVYOGO INC."

WAS INCORPORATED ON THE NINETEENTH DAY OF JANUARY, A.D. 2021.



Authentication: 203578106

Date: 07-01-21