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(Re	questor's Name)	_
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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'JUL 22 2021 M. SOLOMON

COVER LETTER

10:	Registration Section Division of Corpo			
SUBJ	ECT:	EB REN	TAL, LTD.	
		Name of corporati	on - must include suffix	
Dear S	ir or Madam:			
"Certil	ficate of Existence,"	by Foreign Corporation for "Certificate of Good Storporation to transact busing the component of the corporation to transact busing the corporation for the	anding" and check are sul	act Business in Florida," bmitted to register the
Please	return all correspon	dence concerning this mat	ter to the following:	
	ENT ALLARD	_	J	
		Name o	of Person	- ,
CORPO	DMAX INC.			
		Firm/Co	ompany	
2915 O	GLETOWN RD		. ,	
		Add	dress	
NEWA	RK, DE 19713			
		City/State	and Zip code	
INFO@	CORPOMAX.COM			
		E-mail address: (to be used	for future annual report	notification)
For fur	ther information cor	ncerning this matter, please	e call:	
VINCE	NT ALLARD	at (302	266-8200	
	Name of Person	Area Co	ode Daytime Telep	hone Number
	STREET/COURI Registration Section Division of Corpor The Centre of Talla 2415 N. Monroe St Tallahassee, FL 32	n ations shassee reet, Suite 810	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7
Please n		FLORIDA DEPARTMEN	TOF STATE \$78.75 Filing Fee & Certified Copy	 \$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.

, LTD. INC. OF DELAWARE		
le in Florida, enter alternate corporate name	e adopted for the purpose of transacting business i	n Florida)
WARE 3 61-1816918		
under the law of which it is incorporated)	(FEI number, if applicable)	
17	5	
f incorporation)	(Date of duration, if other than perpetu	ial)
(Date first transacted business (SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	<u></u>
'N RD. #2729, NEWARK, DE 19713		
(Principal of	fice street address)	
(Current maili	ing address, if different)	
11 277		差的
	O. Box NOT acceptable)	18 5.1 29 7.1 20 7.1
NRAI SERVICES, INC.		in ell in ell
1200 SOUTH PINE ISLAND ROAD		
PLANTATION	Florida 33324	五年
(City)	(Zip code)	
1	Junder the law of which it is incorporate name Junder the law of which it is incorporated) (Date first transacted business (SEE SECTIONS 607.1501 & 607.1701 & 607.	le in Florida, enter alternate corporate name adopted for the purpose of transacting business in florida, enter alternate corporated) 3.

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.

2021	
JUL	•
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59	

□Chairman	PHILIPPE PELLERIN Name:	□Chairman	Name: ALEXANDRE MONGEON		
□Vice Chainnan	2915 OGLETOWN RD #2729	□Vice Chairman		2915 OGLETOWN RD, #273	29
_	Address: NEWARK, DE 19713			ARK, DE 19713	
Director		Director			
President		□President			
□Vice President		□Vice President			_ _ -
☐ Secretary	Treasurer	DSecretary		Treasurer	
Other	Other	⊡Other		□Other	
□Chairman	Name: YORAM OLIEL	⊒Chairman	Name:		
□Vice Chairman	2915 OGLETOWN RD #2729	□Vice Chairman		s:	
□Director	NEWARK, DE 19713	_			
		□Director			
⊡President		□President			
Vice President		□Vice President			
Secretary	([]Treasurer	□Secretary	•	■Treasurer 3	70
□Other		□Other		□Other	• == }
□Chairman	Name:	⊡ Chairman	Name:	й И У	133Y 0
□Vice Chairman	Address:	□Vice Chairman		***	S S
Director		Director		<u></u>	<u> </u>
□President		□President			
□Vice President		∃Vice President			
☐ Secretary	☐ Treasurer	□Secretary		☐Treasurer	
□Other	Other	□Other		□Other	
Important Notice: individuals may be	Use an attachment to report more than six (6). The attachment to the index when filling your Florida Departme	nt of State Annual Ri	d for repo eport form	orting purposes only. Non-indexe n.	d
12.	Signature of Director o				
The officer or direction is aware that fast 817.155, F.S.	Signature of Director o ctor signing this document (and who is listed in number also information submitted in a document to the Depart	r 11 above) aftīrms th	nat the fac ites a thin	ets stated herein are true and that he degree felony as provided for in	ne or
13	PHILIPPE PELLERIN				
	(Typed or printed name and capacity of perso	n signine application) <u> </u>		

A. DIRECTORS

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "EB RENTAL, LTD." 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 JULY, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203731109

Date: 07-21-21

6295892 8300 SR# 20212766691



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 15, 2021

VINCENT ALLARD CORPOMAX INC. 2915 OGLETOWN RD NEWARK, DE 19713

SUBJECT: EB RENTAL, LTD. OF DELAWARE

Ref. Number: W21000100539

We have received your document for EB RENTAL, LTD. OF DELAWARE and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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

Mel Solomon Senior Section Administrator

22 FHI2:

Letter Number: 221A00016226