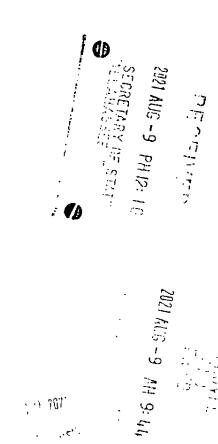
F21000004532

(Re	equestor's Name)	<u> </u>
(Ad	ldress)	
		·
(AC	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer.	





300370281873



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 08/09/2021				
A (*) 11. A (~WALK IN		
ENTITY NAME AFULA	ENTERPRISES INC.	-		
DOCUMENT NUMBER_				
	PLEASE FILE THE ATTACHED AND RETURN			
xxxxx	Plain Copy			
	Certified Copy			
	Certificate of Status			
***	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**			
	Certified Copy of Arts & Amendments			
	Certificate of Good Standing			
	**APOSTILLE' / NOTARIAL CERTIFICATION **			
COUNTRY OF DESTINAT	TON			
NUMBER OF CERTIFICAT	TES REQUESTED			
TOTAL OWED \$70.00	ACCOUNT #: I20160000072			
_	<u></u>			
Dlane and Time at the	e above number for any issues or concerns. Thank you so much!			

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.

1. AFULA ENTER				<u>-</u>	
	orporation; must include "INCORPORATED," 'orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"			
(If name unavails	able in Florida, enter alternate corporate name ad-	opted for the purpose of transacting bus	siness in Florid	<u>a)</u>	
Delaware 2.	3				
(State or country under the law of which it is incorporated) (FEI		(FEI number, if applica	I number, if applicable)		
3/8/2017 4.	5				
(Date	of incorporation)	(Date of duration, if other than perpetual)			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 ourt, Miami, FL 33168			_	
/. <u> </u>	(Principal office	street address)		_	
	(Current mailing a	address, if different)		_	
8. Name and stree	et address of Florida registered agent: (P.O. 1	Box <u>NOT</u> acceptable)	2021 ASS		
Name:	Menachem M Jacobson		ن ا م		:
Office Address:	10750 NW 6th Court		·>•	;	4
	Miami	, Florida	, 9։		
	(City)	(Zip code)	4.		
designated in this further agree to c	ent's acceptance: led as registered agent and to accept service application, I hereby accept the appointme, omply with the provisions of all statutes rela with and accept the obligations of my posit	nt as registered agent and agree to ative to the proper and complete pe	act in this ca	paci	iv. I
_	/s/ Menachem M Jacobson				
_	(Registered agent's sign	ature)			
10. Attached is a	certificate of existence duly authenticated, no	ot more than 90 days prior to delive	ry of this appl	icati	on to

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

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS Menachem M Jacobson Name: ______ □Chairman □ Chairman Name: 10750 NW 6th Court, □Vice Chairman Address: _ ☐ Vice Chairman Address: Miami, FL 33168 Director □ Director □ President ■ President □Vice President □Vice President _____ □ Treasurer ☐Treasurer □ Secretary □ Secretary □Other _____ □Other _____ □Other _____ □Other _____ Name: _____ □Chairman Name: _____ □ Chairman □Vice Chairman Address: _____ □Vice Chairman Address: ______ □ Director ☐ Director □President □President □ Vice President ☐ Vice President _____ □ Treasurer □ Treasurer ☐ Secretary □ Secretary ☐ Other _____ □Other _____ □Other _____ □Other _____ □ Chairman Name: _____ □Chairman Name: _____ ☐ Vice Chairman Address: □Vice Chairman Address: □Director Director □President ☐ President □Vice President ☐ Vice President □ Treasurer □ Secretary ☐ Treasurer ☐ Secretary □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. /s/ Menachem M Jacobson 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. Menachem M Jacobson, President

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "AFULA ENTERPRISES 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 FOURTH DAY OF AUGUST, 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 "AFULA"

ENTERPRISES INC." WAS INCORPORATED ON THE EIGHTH DAY OF MARCH, A.D.

2017.

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

A STANKE OF THE STANKE OF THE

Authentication: 203841077

Date: 08-04-21

6341719 8300 SR# 20212888341