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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

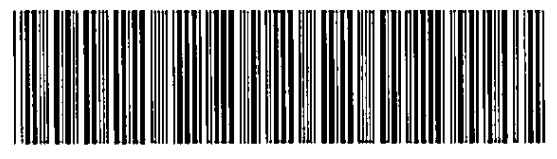
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
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Office Use Only



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8/18/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sefiani Properties Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Ouafa Hicham

Name of Person

Sefiani Properties Inc

Firm/Company

4416 SW 49th Avenue

Address

Ocala, FL 34474

City/State and Zip code

sefianiproperties@gmail.com

E-mail address: (to be used for future annual report notification)

2021 AUG 16 PM 3:32

For further information concerning this matter, please call:

Ouafa Hicham at (352) 525-0321

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

\$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee,

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. Sefiani Properties Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Michigan 3. 82-4767020
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02/09/2018 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1471 Trailwood Dr. Crystal Lake, IL 60014
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Ouafa Hicham


Office Address: 4416 SW 49th Avenue

Ocala, Florida 34474
(City) (Zip code)

2021 AUG 16 PM 3:33

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I 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.



(Registered agent's signature)

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: OUAFA HICHAM
 Vice Chairman Address: 1471 TRAILWOOD DR
 Director CRYSTAL LAKE, IL 60014
 President _____
 Vice President _____
 Secretary Treasurer
Other _____ Other _____

Chairman Name: AMINE HICHAM
 Vice Chairman Address: 3809 RUE LAVERDIERE
 Director LAVAL QUEBEC, CANADA
 President H7T0A8
 Vice President _____
 Secretary Treasurer
Other _____ Other _____

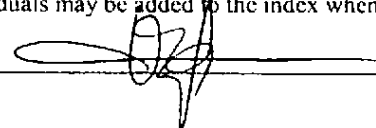
Chairman Name: CELINE GINET
 Vice Chairman Address: 32 RUE C ARNAUD
 Director TOURNON SUR RHONE, FRANCE
 President 07300
 Vice President _____
 Secretary Treasurer
Other _____ Other _____

Chairman Name: TARIQ HICHAM
 Vice Chairman Address: 32 RUE C ARNAUD
 Director TOURNON SUR RHONE, FRANCE
 President 07300
 Vice President _____
 Secretary Treasurer
Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 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.

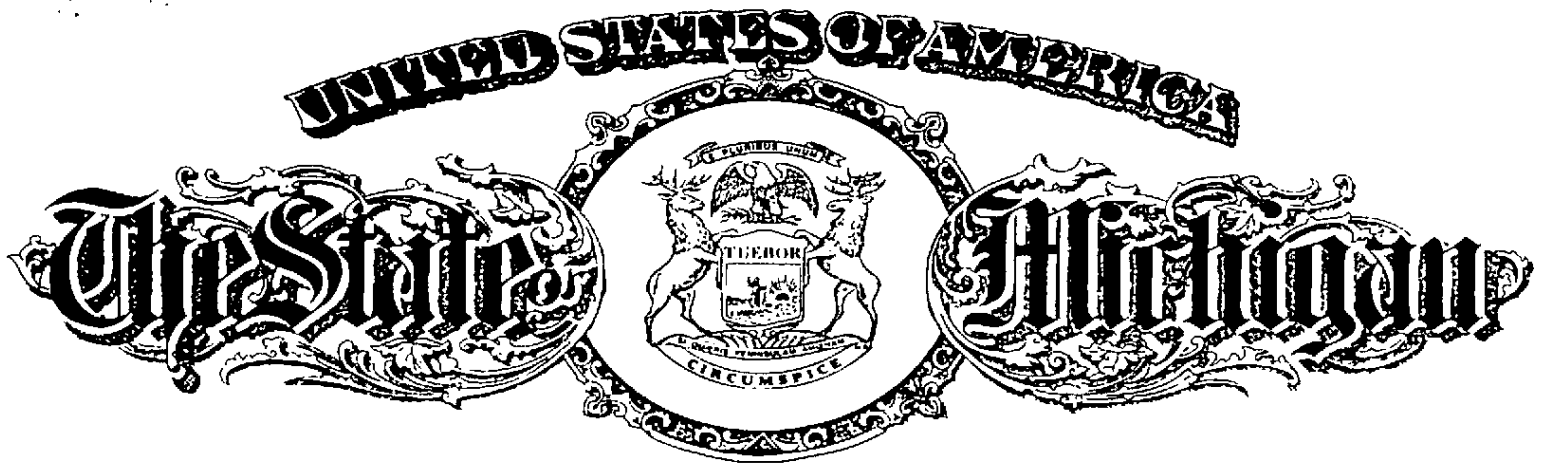
12.  _____
Signature of Director or Officer

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. OUAFA HICHAM

(Typed or printed name and capacity of person signing application)

2021 AUG 16 PM 3:33



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

SEFIANI PROPERTIES, INC.

was validly incorporated on February 9 , 2018 as a Michigan DOMESTIC PROFIT CORPORATION, and said corporation is validly in existence under the laws of this state.

2021 AUG 16 10:33

This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 13th day of August , 2021.

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 21080348604