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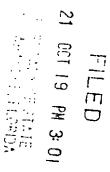
(Requestor's Name)				
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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COVER LETTER

TO:	Registration Section Division of Corpo			
SUBJ	ECT: EB RENTAI	. FL CORP.		
50111		Name of corporation -	must include suffix	
Dear S	ir or Madam:			
"Certif	ficate of Existence,"	by Foreign Corporation for Au or "Certificate of Good Standi corporation to transact business	ng" and check are subm	
Please	return all correspon	dence concerning this matter to	the following:	
VINC	ENT ALLARD			
		Name of Pe	erson	
CORP	OMAX INC.			
		Firm/Compa	iny	
2915 C	OGLETOWN RD			
		Address	3	
NEWA	ARK, DE 19713			
		City/State and	Zip code	
INFO	PCORPOMAX.COM			
		E-mail address: (to be used for	future annual report no	tification)
For fu	rther information co	ncerning this matter, please cal	1:	
VINC	ENT ALLARD	at (266-8200	
	Name of Person	Area Code	Daytime Telepho	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sec Division of Cor P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please		o: FLORIDA DEPARTMENT C ■ \$78,75 Filing Fec & □ 5	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 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.

EB RENTAL FI			
(Enter name of co	orporation; must include "INCORPORATED," " orp," "Inc," "Co," or "Corp,")	COMPANY," "CORPORAT	ION."
EB RENTAL FI	, CORP. OF AMERICA		
(If name unavaila	ble in Florida, enter alternate corporate name adu	opted for the purpose of transa	cting business in Florida)
2. DELAWARE	3.		
(State or country	3	(FEI number, i	fapplicable)
4. OCTOBER 8, 20	of incorporation) 5.		
(Date	of incorporation)	(Date of duration, if oth	ner than perpetual)
6,			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) [, F.S., to determine penalty lic	ability)
_ 2915 OGLETOW	N RD, #4009, NEWARK, DE 19713	•	.: 2
1	(Principal office	street address)	100
	Current mailing a	address, if different)	ILED 19 PM 3: 01
8. Name and stree	a address of Florida registered agent: (P.O. 1	Box <u>NOT</u> acceptable)	्रहा <u>ू</u> स्
Name:	NRAI SERVICES, INC.	_	0) A
Office Address:	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION	Florida 33324	
	(City)	(Zip code)	
designated in this further agree to c	ent's acceptance; sed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rele with and accept the obligations of my posit	nt as registered agent and a utive to the proper and com	agree to act in this capacity.)
_	(Registered agent's sign	Linda Stauffer, Assis	stant Secretary
10. Attached is a	certificate of existence duly authenticated, n	ot more than 90 days prior t	o delivery of this application t

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						
□Chairman	Name: PHILIPPE PELLERIN	□ Chairman	YORAM SIMON OLIEL Name:			
□Vice Chairman	2915 OGLETOWN RD, #4009 Address:	□Vice Chairman	Address: 2915 OGLETOWN RD, #4009			
Director	NEWARK, DE 19713	□Director	NEWARK, DE 19713			
President		□President				
□Vice President		■Vice President				
□Secretary	Treasurer	Secretary	Treasurer			
Other	□Other	ClOther	Other			
□ Chairman	Name:	□Chairmaл	Name:			
⊡Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		[]Director				
□President		[]President				
□Vice President		□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		□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 attact added to the index when filing your Florida Departme	nt of State Annual Re	d for reporting purposes only. Non-indexed eport form.			
12.	Signature of Director o					
	Signature of Director o	r Officer				
The officer or direct she is aware that fas.817.155, F.S.	ctor signing this document (and who is listed in number also information submitted in a document to the Depart	r I I ab ove) affirms th	nat the facts stated herein are true and that he or stes a third degree felony as provided for in			
13	PHILIPPE PELLE!	RIN, PRESIDENT				
(Typed or printed name and capacity of person signing application)						

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "EB RENTAL FL CORP." 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 ELEVENTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EB RENTAL FL CORP." WAS INCORPORATED ON THE EIGHTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.

OCT 19 PH 3: 01

Authentication: 204379394

Date: 10-11-21

6292656 8300 SR# 20213480179