

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000253858 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

| To: | | | |
|-------|------------------------------------|-----------------------------------|----|
| | Division of Co | orporations | |
| | Fax Number | : (850)617-6383 | |
| From: | | | |
| | Account Name | : ALLSTATE CORPORATE SERVICES CON | RP |
| | Account Number | r ; I2004000031 | |
| | Phone | : (800)906-9220 | |

Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

: (800)906-9880

| | Email Address: | | | | |
|---|--|---------|---|------------|--------------|
| 23. <u>1</u> . 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | FOREIGN PROFIT/NONPROFIT CORPORATION 3D ONLINE INC. | | | 2022 AUG - | -+- - |
| i | Certificate of Status | 1 | | | Ē |
| - | Certified Copy | 0 | The second se | AM | 0 |
| 2022 / | Page Count | 05 | 0RI ORI | çò | |
| | Estimated Charge | \$78.75 | | 27 | |

Electronic Filing Menu Corporate Filing Menu Help T. LEMIEUX AUG - 3 2022

(((H22000253858 3)))

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| | note in Florida, enter alternate corporate name au | lopted for the purpose of transacting business in Florida |
|-------------------------------|--|---|
| New York | 3. 4 | 7-4710558 (FEI number, if applicable) |
| (State or counti | 3. 7 y under the law of which it is incorporated) | (FEI number, if applicable) |
| 08/05/2015 | 5 | |
| (Date | of incorporation) | (Date of duration, if other than perpetual) |
| | | |
| • | (Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150 | |
| 0301 W Country | y Club Dr, PH 29, Aventura, FL 33180 | |
| | | |
| | (Principal office | street address) |
| | (Principal office | s <u>treet</u> address) |
| · · | | address, if different) |
| | (Current mailing | address, if different) |
| Name and <u>stre</u> | (Current mailing et address of Florida registered agent: (P.O. | address, if different) |
| Name and <u>stre</u> Name: | (Current mailing | address, if different) |
| Name: | (Current mailing et address of Florida registered agent: (P.O. | address, if different) |
| Name: | (Current mailing et address of Florida registered agent: (P.O. Yamit Yariv | address, if different) Box <u>NOT</u> acceptable) |
| Name: fice Address: | (Current mailing et address of Florida registered agent: (P.O. Yamit Yariv 20301 W Country Club Dr, PH 29 Aventura | address, if different) |

Yamit Yariv (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.

A. DIRECTORS

| Chairman | Name: | □ Chairman | Vladimir Goldis Name: |
|--|---|--|-----------------------------|
| ⊡Vice Chairman | 20301 W Country Club Dr, PH29 Address: | □Vice Chairman | 6069 SW 54th CT Address: |
| X Director | Aventura, FL 33180 | x Director | Davie, FL 33314 |
| President | ······ | □President | |
| □Vice President | | □Vice President | |
| Secretary | | Secretary | |
| Other | Other | Other | Other |
| Chairman Vice Chairman x Director President Vice President Secretary Other | Adam Gansky Nume: 3940 NW 87th Ave Address: | Chairman Vice Chairman Director President Vice President Scoretary Other | [] Trcasurer |
| □Chairman | Name: | □ Chairman | Name: |
| □Vice Chairman | Address: | □Vice Chairman | Address: |
| Director | | Director | |
| President | | President | |
| DVice President | | □Vice President | |
| | Treasurer | Secretary | |
| GOther | Other | 00ther | 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 filling your Florida Department of State Annual Report form.

| 12. | Yamit Yariv |
|-----|-------------|
| | |

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. Yamit Yariv , Officer

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

| Entity Name: | 3D ONLINE INC. |
|----------------------------------|-------------------------------|
| DOS ID Number: | 4799990 |
| Entity Type: | DOMESTIC BUSINESS CORPORATION |
| Entity Status: | EXISTING |
| Date of Initial Filing with DOS: | 08/05/2015 |
| Statement Status: | CURRENT |
| Statement Due Date: | 08/31/2021 |

1 certify that the following is a list of documents on file in the Department of State for said entity:-

| Document Type: | CERTIFICATE OF INCORPORATION | | |
|---|------------------------------|-------------|----------------|
| Date of Filing:08/05/2015Entity Name:3D ONLINE INC. | | | |
| | | | Document Type: |
| Date of Filing: | 04/29/2016 | | |
| Document Type: | BIENNIAL STATEMENT | | |
| Date of Filing: | 10/31/2017 | | |
| Effective Date: | 08/01/2017 | | |
| | | Page 1 of 2 | |

EPAR

| Document Type: Date of Filing: | BIENNIAL STA 10/03/2019 | |
|-----------------------------------|------------------------------|--|
| Effective Date: | 08/01/2019 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| No information is available | from this office regarding t | he financial condition, business activity or practices of this entity. |
| | | |
| | | WITNESS my hand and official seal of the Department of State, at the City of Albany, on July 27, 2022 at 10:14 A M |
| SE OF | NEW | 10:14 A.M. |
| | | ROBERT J. RODRIGUEZ, Secretary of State |

Brandon C. Hughan

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100001932638 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <u>http://ecorp.dos.ny.gov</u>

Page 2 of 2