# F22000004837

(Re	equestor's Name)	<del>.</del>	
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PICK-UP	☐ WAIT	MAIL	
(Bi	usiness Entity Name	2)	
	ocument Number)		
(5	ocument Number)		
Certified Copies	Certificates o	of Status	
Special Instructions to Filing Officer:			





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# **COVER LETTER**

TO:	Registration Section Division of Corporat			
SUBJE	CT: Variety Fun Inc			
50.,,,		Name of corporation	on - must include suffix	
Dear Si	r or Madam:			
"Certifi	cate of Existence." or		or Authorization to Transa anding" and check are sub ness in Florida.	
Please r	eturn all corresponde	nce concerning this matt	er to the following:	
Yonatar	n Pinhasov			
		Name o	of Person	
Variety	Fun Inc.			
		Firm/Co	mpany	5
1111 Br	ickell Ave - FL 10			, , ,
		Add	Iress	i-
Miami,	Florida 33131			, <del></del> .
		City/State	and Zip code	
yoni@v	arietyfun.com			. •,
	E-	mail address: (to be used	for future annual report i	notification) ===
For furt	her information conc	erning this matter, please	e call:	
Yonatar	n Pinhasov	718 at (	795-7950	
	Name of Person	Area Co	ode Daytime Telep	hone Number
	STREET/COURIE Registration Section Division of Corporat The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 323	ions assee cet, Suite 810	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7
Please m		ollowing amount: FLORIDA DEPARTMEN \$78.75 Filing Fee & Certificate of Status	XT OF STATE  ☐ \$78.75 Filing Fee & Certified Copy	<ul> <li>\$87.50 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> </ul>

# 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.

(If name unava	lable in Florida, enter alternate corporate name a	dopted for the purpose of transacting bus	iness in Florida)	_  -
New York	·	, , , ,		
(State or coun	3try under the law of which it is incorporated)	(FEI number, if applical	ble)	_
4. 10/20/2017	5			
(Dat	e of incorporation) 5.	(Date of duration, if other than p	perpetual)	_
6			<del></del>	_
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration)  22. F.S., to determine penalty liability)		
_ 1111 Brickell A	ve FL 10, Miami, FL 33131	, , , , , , , , , , , , , , , , , , ,		
<i>f</i> ,		e <u>street</u> address)		_
	(Current mailing	address, if different)	7 ,7	202
0.31		D NOT	· · ·	TAP 8208
8. Name and stre	<u>eet address</u> of Florida registered agent: (P.O. Yonatan Pinhasov	Box NOT acceptable)	1	ji 27
	i Onatan i untasov			7
Name:				
Name: Office Address:	1111 Brickell Ave FL 10	<u> </u>		79 25:
		Florida 33131	-e p.	PH I2: 2
		Florida 33131 (Zip code)	,	PH 12: 23
Office Address:	Miami (City)		**************************************	FH 12: 23
Office Address:  9. Registered as Having been nat	Miami (City) gent's acceptance: ned as registered agent and to accept service	(Zip code) e of process for the above stated corp		place
Office Address:  9. Registered as Having been naidesignated in this	Miami (City)  gent's acceptance:  ned as registered agent and to accept servic is application, I hereby accept the appointm	(Zip code) e of process for the above stated corp ent as registered agent and agree to	act in this cap	place acity. I
Office Address:  9. Registered as Having been naidesignated in this further agree to	Miami (City) gent's acceptance: ned as registered agent and to accept service	(Zip code) e of process for the above stated corp ent as registered agent and agree to lative to the proper and complete per	act in this cap	place acity. I
Office Address:  9. Registered as Having been naidesignated in this further agree to	Miami  (City)  gent's acceptance:  ned as registered agent and to accept servic  is application, I hereby accept the appointm  comply with the provisions of all statutes re	(Zip code) e of process for the above stated corp ent as registered agent and agree to lative to the proper and complete per	act in this cap	place acity. I
Office Address:  9. Registered as Having been naidesignated in this further agree to	Miami  (City)  gent's acceptance:  ned as registered agent and to accept servic  is application, I hereby accept the appointm  comply with the provisions of all statutes re	(Zip code) e of process for the above stated corp ent as registered agent and agree to lative to the proper and complete per	act in this cap	place acity. I

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	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
Director	Miami, Florida 33131	□Director			
□President		□President			
□Vice President		□Vice President			_
□Secretary	□Treasurer	□ Secretary		□Treasurer	
□Other		□Other		□Other	
□ Chairman	Ilya Avshalumov	□Chairman	Name:		
□Vice Chairman	1111 Brickell Ave FL 10 Address:				
■Director	Miami, Florida 33131	□Director			
□President		□President			
□Vice President		□Vice President			
□Secretary	□Treasurer	☐ Secretary		□Treasurer	
□Other	□ Other	□Other		□Other □	
				1/3	
□Chairman	Name:	□Chairman	Name:		;
□Vice Chairman	Address:	□Vice Chairman	Address:		-
□Director	100-110	□Director		* 2°	
□President		□President			
□Vice President		□Vice President			
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer	
□Other	Other	Other		□Other	_
individuals may be	Use an attachment to report more than six (6). The added to the index when filing your Florida Dep	artment of State Annual Re	port form.		
12	Signature of Direction				
	Signature of Director signing this document tend who is listed in m				

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.

## 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:** 

VARIETY FUN INC.

DOS ID Number:

5221338

**Entity Type:** 

DOMESTIC BUSINESS CORPORATION

**Entity Status:** 

**EXISTING** 

Date of Initial Filing with DOS:

10/20/2017

Statement Status:

**CURRENT** 

Statement Due Date:

10/31/2023

No information is available from this office regarding the 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 June 13, 2022 at 03:02 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Hughan

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 100001712955 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.py.gov