

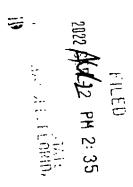
(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
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(Business Entity Name)								
(Document Number)								
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08/22/22--01031--014 **78.75



T. LEMIEUX SEP - 7 2022

COVER LETTER

A

	egistration Section ivision of Corporations					
SUBJEC	T. I & B Investments Inc.					
SOBJEC	Name o	f corporation	- must include suffix			
Dear Sir c	or Madam:					
"Certifica	sed "Application by Foreign Conte of Existence," or "Certificate erenced foreign corporation to tra	of Good Star	iding" and check are submitt	usiness in Florida." ed to register the		
Please ret	urn all correspondence concernit	ng this matter	r to the following:			
Matthew T	orchin					
 ,		Name of	Person			
Turchin C	PA					
<u>-</u>		Firm/Con	npany			
980 N Fed	eral Hwy Ste 406		<u> </u>			
 -		Addr	ess			
Boca Rato	n FL 33432					
		City/State a	and Zip code			
Matthew@	gtorchinepa.com					
	E-mail address	: (to be used	for future annual report noti	fication)		
For furthe	er information concerning this m	atter, please	call:			
Matthew Torchin		954	323-6300	Daytime Telephone Number		
	Name of Person	Area Coo	le Daytime Telephor	ne 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			
Please ma	is a check for the following amove the check payable to: FLORIDA DI S78.75 Filin Certificate of	EPARTMEN g Fee &	T OF STATE ■ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 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.

1 & В Investmen	ts Inc.	
(Enter name of co	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp."))," "COMPANY," "CORPORATION,"
(If name unavails	able in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting business in Florida)
(State or countr	y under the law of which it is incorporated)	3. 46-4287544 (FEI number, if applicable)
08/09/2018		
	of incorporation)	(Date of duration, if other than perpetual)
·		in Florida, if prior to registration)
	•	.1502, F.S., to determine penalty liability)
3000 NE 2nd Ave	2 # 813 Miami FL 33137	
	(Principal o	ffice street address)
	(Current mai	ling address, if different)
	(F) it is the second (P)	ling address, if different) 2.0. Box NOT acceptable)
Name and stree	et address of Florida registered agent: (P	O. Box NOT acceptable)
Name:	Idan Gal	<u> </u>
ffice Address:	3000 NE 2nd Ave # 813	5.0
Thee Address.	Miami	33137
	(City)	, Florida 33137 (Zip code)
	(City)	(13.14)
laving been namesignated in this arther agree to c	application, I hereby accept the appoin	rvice of process for the above stated corporation at the plac ntment as registered agent and agree to act in this capacity. s relative to the proper and complete performance of my du position as registered agent.
_		<u> </u>
	(Registered agent's	
he Department o	certificate of existence duly authenticate f State, by the Secretary of State or other which it is incorporated.	ed, not more than 90 days prior to delivery of this application official having custody of corporate records in the jurisdict

A. DIRECTORS	1.1 - 6.1				Be	en Pinto
Chairman	Chairman Address: 3000 NE 2nd Ave # 813 Miami FL 33137			□Chairman □Vice Chairman □Director	Name:	
□Vice Chairman						
□Director					Miami FL 33137	
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
□Chairman	Name:			□Chairman	Name: _	
□Vice Chairman	Address:	·		□Vice Chairman	Address	::
□Director				□Director		
□President			<u> </u>	□President		
□Vice President				□Vice President	_	
☐Secretary		Treasurer		Secretary		☐Treasurer
□Other		Other		□Other		Other
individuals may l	be added to the ind	ex when filing youp	Florida Departme	int-of State Annual R	eport torir	orting purposes only. Non-indexed
		//				
The officer or dishe is aware that s.817.155, F.S.	rector signing this false information:	submitted in a docum	nent to the Depart	ment of State constit	utes a thire	ts stated herein are true and that he or d degree felony as provided for in
13		IDAN	GAL	PRESI	<u>DFN.</u>	1

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **I&B INVESTMENTS INC**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 08/09/2018, and is in good standing in this state.

Certificate Number: B202206292790285

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 06/29/2022.

BARBARA K. CEGAVSKE Secretary of State