# F22000006225

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UI	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	s to Filing Officer:	
Special instruction	s to Filing Officer:	





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S. ROBERTS SEP 2 7 2022

## **COVER LETTER**

то:	Registration Section Division of Corporations			
SHRI	ECT: Flair Technologies, Inc.			
0010	Name of	`corporation	- must include suffix	
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign Cor icate of Existence," or "Certificate of referenced foreign corporation to tra	of Good Stan	ding" and check are subt	
Please	return all correspondence concernin	g this matter	to the following:	
Tom G	ras-Flynn			
		Name of	Person	
Nelson	Mullins & Riley Scarborough			
		Firm/Com	pany	
201 17	TH STREET NW			
	-	Addro	ess	
ATLAN	NTA, GA 30363			
	<del>.</del>	City/State a	nd Zip code	
tom.gra	astlynn@nelsonmullins.com			
	E-mail address:	(to be used f	or future annual report n	otification)
For fur	ther information concerning this ma	tter, please c	all:	
Tom G	ras-Flynn a	404	Code Daytime Telephone Number	
	Name of Person	Area Code	Daytime Teleph	none Number
	STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	:	MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	ection orporations
Please t	ed is a check for the following amounake check payable to: FLORIDA DEI .00 Filing Fee	PARTMENT Fee &	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.

(If name unavaila	me unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)						
Delaware	3.						
(State or countr	under the law of which it is incorporated)	(FEI number, if applicable)					
5/10/2022	5.						
(Date of incorporation) 5.		(Date of duration, if other than perpetual)					
5/10/2022							
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150						
777 Brickell Av	e #500-99905 Miami, FL 33131						
777 Brickell Avo	(Principal office #500-99905 Miami, FL 33131	e <u>street</u> address)	<del></del>				
·	(Current mailing	address, if different)					
Name and stree	t address of Florida registered agent: (P.O National Registered Agents, Inc.	Box NOT acceptable)	2022 SEP 27 PH				
ffice Address:	1200 South Pine Island Road		<u> </u>				
	Plantation	, Florida(Zip code)	1: 40				
	(City)	(Zip code)	0				
aving been name esignated in this orther agree to co	application, I hereby accept the appointm	e of process for the above stated corporation at ent as registered agent and agree to act in this lative to the proper and complete performance ition as registered agent.	capacit				
	to the	David Westcott, Assistant Secretary					
	(Registered agent's sig	<del></del>					

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.

### DocuSign Envelope ID: E103A604-D78B-468D-B400-7DFB326CADDC A. DIRECTORS Eden Shalom Chai Eliezer Kramer □ Chairman □ Chairman □Vice Chairman Address: 777 Brickell Ave #500-99905 Miami, FL 33131 □Vice Chairman Address 777 Brickell Ave #500-99905 Miami. FL 33131 ■ Director **■** Director □President □ President □ Vice President □Vice President □Treasurer □ Secretary ☐Treasurer □ Secretary □Other \_\_\_\_\_ □Other □Other \_\_\_\_\_ ☐Other \_\_\_\_\_ Name: \_\_\_\_\_ □ Chairman ☐ Chairman Name: ☐ Vice Chairman Address: □Vice Chairman Address: \_\_\_\_\_ □ Director □ Director □President □President □ Vice President □ Vice President \_\_\_\_\_ □Treasurer □Treasurer □ Secretary ☐ Secretary □Other\_\_\_\_\_ □Other \_\_\_\_\_ □Other\_\_\_\_ ☐Chairman □Chairman Name: Name: \_\_\_\_\_ □ Vice Chairman Address: □Vice Chairman Address: \_\_\_\_\_\_\_ □Director □ Director President □President ☐ Vice President □ Vice President □ Treasurer ☐ Secretary ☐Treasurer □ Secretary

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 filters your Florida Department of State Annual Report form.

□Other \_\_\_\_\_

□Other \_\_\_\_\_

Hiver tramer

7A0864C641851934 inture of Director or Officer

□Other \_\_\_\_\_

□Other \_\_\_\_\_

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. Eliezer Kramer, President and Chief Executive Officer



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

DELAWARE, DO HEREBY CERTIFY "FLAIR TECHNOLOGIES, INC." 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 NINETEENTH DAY OF SEPTEMBER, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLAIR

TECHNOLOGIES, INC." WAS INCORPORATED ON THE TENTH DAY OF MAY, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.

Authentication: 204419887

Date: 09-19-22