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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 : (888)462-3453 Phone : (877)919-2613 Fax Number

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

		EFILE1234@INCFILE.COM
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FOREIGN PROFIT/NONPROFIT CORPORATION RISHON AI CORP.

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K. SALY NUV 15 2022

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COVER LETTER

TO:	Registration Section Division of Corpo				
SHR	JECT:	RISHC	ON AI COF	RP.	
.,,,,	JEC1:	Name of corpora	tion - mus	st include suffix	
Dear	Sir or Madam:				
"Cert	ificate of Existence."	by Foreign Corporation or "Certificate of Good to orporation to transact but	Standing"	and check are subn	
Pleas	e return all correspon	dence concerning this ma	itter to the	following:	
LOV	ETTE DOBSON				
		Name	of Persoi	1	
	1911.	Firm/0	Company		
17350) STATE HWY 249 #2	20			
		A	ddress		
HOU	STON, TX 77064				
		City/Sta	ite and Zij	o code	
EFII.	E1234@INCFILE.CO				
		E-mail address: (to be us	sed for fut	ure annual report no	otification)
		ncerning this matter, plea			
LOVETTE DOBSON at () 888-462-3453 Name of Person Area Code Daytime Telephone Number					
	Name of Person	Area	Code	Daytime Teleph	one 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		
Pleas		e following amount: o: FLORIDA DEPARTM S78.75 Filing Fee & Certificate of Status	□ \$78.	TATE .75 Filing Fee & tified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA (((H22000378098 3)))

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 unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting b	ousiness in Florida)	
2. DELAWARE		88-2263819		
	ry under the law of which it is incorporated)	(FEI number, if applicable)		
4. 05/05/2022	5.			
(Date	e of incorporation)	(Date of duration, if other tha	n perpetual)	
6				
		n Florida, if prior to (egistration) 802, F.S., to determine penalty liability))	
7 1150 Nw 72nd A	ve Tower I Ste 455 #8207 Miami, FL 33126			
	(Principal offi	ce <u>street</u> address)	2022	
<u></u>		g address, if different)	2922 WOV ILL AM II: 38	FILED
8. Name and stre Name:	et address of Florida registered agent: (P.C REPUBLIC REGISTERED AGENT LLC). Box <u>NOT</u> acceptable)	2000年	
Office Address:	1150 Nw 72nd Ave Tower I Ste 455		: 38 180	
	Miami	, Florida 33126 (Zip code)		
	(City)	(Zip code)		
Having been nan designated in this	ent's acceptance: ned as registered agent and to accept servi s application, I hereby accept the appoints comply with the provisions of all statutes r	nent as registered agent and agree	to act in this capacity.	. 1

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.

11/11/2022 09 35:49 CST

A. DIRECTORS				(((H22000378098 3))
□Chairman	ANATOLY VOLKHOVER Name:	□Chairman	Name:	
□ Vice Chairman	Address:	□Vice Chairman	Address:	
Director	651 N BROAD ST, STE 205 #8391	Director		
President	MIDDLETOWN, DE 19709	□President		
□Vice President		□Vice President		
■ Secretary	① I reasurer	□Secretary		□ Freasurer
Other	Other	[]Other		□Other
□Chairman	Name:	□Chairmen	Name:	
□Vice Chairman	Address:	∐Vice Chairman	Address:	
□Director		Director		ω
□President		□President		三直主
□Vice President		□Vice President		
□ Secretary	□Treasurer	☐ Secretary		☐ Treasurer
∐Other	Other	Other		LJOther
□Chairman	Name:	□('hairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director		Director		
□ President		□President		
∐Vice President	- diar	∐Vice President		
☐ Secretary	☐ Treasurer	Secretary		Treasurer
□Other	□Other	□Other		□Other
individuals may b	Use an attachment to report more than six (6). The attachment to department added to the index when filing your Florida Department of the second of the seco	int of State Annual R	eport form.	
+2 <u>C/\Y\6</u>	italy Volkhover Signature of Director of	or Officer		
The officer or dire she is aware that f s.817.155, F.S.	ector signing this document (and who is listed in numbe false information submitted in a document to the Depart	r 11 above) affirms the ment of State constitu	nat the facts state utes a third d e gre	ed herein are true and that he or see felony as provided for in
13. Anatoly Vol	khover - President (Typed or printed name and capacity of perso	ni cipnian analizatio		
	(1) ped of printed name and capacity of person	an signing apprication	• •	

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RISHON AI 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 FOURTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RISHON AI CORP." WAS INCORPORATED ON THE FIFTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



Authentication: 204780827

Date: 11-04-22

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