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To;

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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Help

S. ROBERTS

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FEB 1 5 2023

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FLVRS US Inc.	
Name of corporat	ion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation f "Certificate of Existence," or "Certificate of Good Stabove referenced foreign corporation to transact businesses."	tanding" and check are submitted to register the
Please return all correspondence concerning this mat	ter to the following:
Deborah E. Kalstek, Paralegal	
Name	of Person
Hodgson Russ LLP	
Firm/C	ompany
140 Pearl St., Ste. 100	
Ad	dress
Buffalo, NY 14202	
City/State	e and Zip code
hello@flvrs.co	
E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, pleas	e call:
Deborah B. Kalstek at (ode Daytime Telephone Number
Name of Person Area C	ode Daytime Telephone Number
STREET/COURTER 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
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTME \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	NT OF STATE \$\Boxed{\subseteq}\$ \$87.50 \text{ Filing Fee,} \text{ Certified Copy} \text{ Certified Copy} \text{ 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.

(Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Frincipal office street address) (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporate Creations Network Inc.	ii name unavaii	able in Florida, enter alternate corporate nar	me adopted for the purpose of transacting business in Florida)
(Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 160 S. Rogers Circle, Ste. 2, Boca Raton, FL 33487 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporate Creations Network Inc. 801 US Highway 1	DELAWARE		PENDING
(Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 160 S. Rogers Circle, Ste. 2, Boca Raton, FL 33487 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporate Creations Network Inc. 801 US Highway 1	(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 160 S. Rogers Circle, Ste. 2, Boca Raton, FL 33487 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporate Creations Network Inc. 801 US Highway 1			5.
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(Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporate Creations Network Inc. 801 US Highway 1			
fice Address:	160 S. Rogers C		<u> </u>
fice Address:	 	(Principal	office street address)
fice Address:			त्र
fice Address:		(Current ma	iling address, if different)
fice Address:			· .
fice Address:	Name and stree	et address of Florida registered agent: (1	P.O. Box NOT acceptable)
fice Address:	Name:	Corporate Creations Network Inc.	
		801 US Highway 1	
(City), Florida (Zip code)	tille Address.	North Palm Reach	33408
(City) (21p 0000)			, Florida (7in code)
		(City)	(2) (000)
	Registered ag		
ving been named as registered agent and to accept service of process for the above stated corporation at the signated in this conficulty and agree to act in this capt	ving been nam	application. I berefu accept the appoin	
ving been named as registered agent and to accept service of process for the above stated corporation at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this cap Ther agree to comply with the provisions of all statutes relative to the proper and complete performance of n	ving been nam signated in this	application, I hereby accept the appoin omply with the provisions of all statute	s relative to the proper and complete performance of m

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS Shai Bekman Name: Name: □ Chairman Chairman 1160 S. Rogers Circle, Stc. 2 ☐ Vice Chairman Address: □Vice Chairman Address: Boca Raton, FL 33487 Director □ Director President **President** ☐ Vice President □Vice President Treasurer **■**Secretary Treasurer □ Secretary Other__ □Other ____ □Other _____ □Other _____ Name: Name: □ Chairman □Chairman □Vice Chairman Address: ______ □Vice Chairman Address: □ Director □Director President ☐ President □Vice President ☐ Vice President Treasurer ... □Treasurer ☐ Secretary □ Secretary Other _____ □Other ____ Other _____ □ Other _____ Name: Name: ☐ Chairman □ Chairman Address: □Vice Chairman Address: □ Vice Chairman □ Director □ Director ☐ President □ President □Vice President __ □Vice President ☐ Treasurer □Treasurer □Secretary Secretary. _Other ____ □Other _____ 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 filing your Florida Department of State Annual Report form 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. ____ Shar Bekman, President

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FLVRS US 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 FOURTEENTH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLVRS US INC."

WAS INCORPORATED ON THE TENTH DAY OF FEBRUARY, A.D. 2023.

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

Authentication: 202712618

Date: 02-14-23

7291979 8300

SR# 20230514883

You may verify this certificate online at corp.delaware.gov/authver.shtml