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COVER LETTER

Division of Corporations				
SUBJE	CT: LIAT & EYAL HOLDINGS I	TD COMPANY		
OCDUL		f corporation - m	ust include suffix	
Dear Sir	or Madam:			
"Certific	osed "Application by Foreign Cor ate of Existence," or "Certificate of ferenced foreign corporation to tra	of Good Standing	" and check are submitt	
Please re	turn all correspondence concernir	ng this matter to t	he following:	
LEONOR	R CARO			
		Name of Pers	on	
МІТСНЕ	LL J. HOWARD CPA, PA			
		Firm/Compan	y	
3800 S. C	OCEAN DRIVE SUITE 228			
		Address		
HOLLYV	WOOD, FL 33019			
	,	City/State and Z	ip code	
МІТСНЕ	LL@MITCHELLHOWARDCPA.C			
	E-mail address:	(to be used for f	uture annual report notif	ication)
For furth	er information concerning this ma	atter, please call:		
LEONOR	R CARO	at (954) 454-1119 erson Area Code Daytime Telephone Number		
	Name of Person	Area Code	Daytime Telephone	e Number
F I 7 2	STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on orations
Please ma	l is a check for the following amounts of the check payable to: FLORIDA DE 0 Filing Fee	PARTMENT OF g Fee & □ \$7		3 \$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.

·	LIAT & EYAL HOLDINGS LTD COMPANY					
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"				
(If name upposite	able in Florida	do-tad for the number of terrogating by	ecinose in Florida)			
ISRAEL	ame unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in					
	<u></u>	98-1407575 (FEI number, if applications)	11.			
•	y under the law of which it is incorporated)	(FEI number, if applied	abie)			
06/07/2016	of incorporation) 5.	(Date of duration, if other than				
(Date	of incorporation)	(Date of duration, it other than	perpetuai)			
·	(Day 6)	F3_14_15_11_4_1-1-1-1-1-1				
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15					
3800 S. OCEAN	N DRIVE SUITE 228 HOLLYWOOD, FL 3301	9				
	(Principal offic	e street address)				
3800 S. OCEAN	DRIVE SUITE 228 HOLLYWOOD, FL 33019					
	(Current mailing	address, if different)				
			20:			
. Name and stree	et address of Florida registered agent: (P.O	Box NOT acceptable)	<u> </u>			
Name:	MITCHELL J. HOWARD CPA, PA		2023 F 2			
ranic.	3800 S. OCEAN DRIVE SUITE 228					
ffice Address:	5000 S. OCEAN DIGVE SOTTE 220		-7			
	HOLLYWOOD	, Florida	-72 			
	(City)	(Zip code)	<u>07</u>			
Dagistared ag	ent's acceptance:					
•	ent's acceptance. ned as registered agent and to accept servic	e of process for the above stated co	rporation at the pl			
	application, I hereby accept the appointm					
	omply with the provisions of all statutes re with and accept the obligations of my pos		erformance of my			
···· I um jumuu	with and accept the obligations of my pos	more and regioneres agerm				
	(Registered agent's sig	d	_			
	(Registered agent's sig	mature)				

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

under the law of which it is incorporated.

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

A. DIRECTORS EYAL KLING MITCHELL J. HOWARD Name: □ Chairman □ Chairman Name: 3800 S. OCEAN DRIVE 3800 S. OCEAN DRIVE Address: Address: □ Vice Chairman ☐ Vice Chairman **SUITE 228 SUITE 228** Director □ Director HOLLYWOOD, FL 33019 HOLLYWOOD, FL 33019 □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 □Treasurer □ Secretary □ Treasurer ☐ Secretary □Other _____ □Other _____ ☐Other _____ □Other _____ Name: _____ □ Chairman Name: ______ Chairman □Vice Chairman Address: ☐ Vice Chairman Address: □ Director □ Director □President □ President □Vice President _____ ☐ Vice President ☐ Secretary □ Secretary □ Treasurer ☐Treasurer □Other □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. **EYAL KLING**

משרד המשפטים MINISTRY OF JUSTICE



מדינת ישראל STATE OF ISRAEL

18/01/2023

TO WHOM IT MAY CONCERN

As registrar of companies of the State of Israel, I hereby confirm that, LIAT & EYAL KLING HOLDINGS LTD No. 515484905 is incorporated and registered under Israeli law since 06/07/2016. Company status: active

Respectfully,
The Israeli Corporations Authority
Registrar of Companies and Partnerships

