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(Requestor's Name)					
(Address)					
(, , , , , , , , , , , , , , , , , , ,					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Wa3000039213					
1/08300007X 1/2					

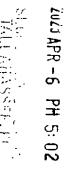
Office Use Only

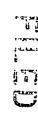


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03/07/23--01004--001 **70.80







COVER LETTER

	stration Section sion of Corporations				
SUBJECT:	Asserson Hiller Professional Co	orporation			
	Na ne of	corporation -	must include suffix		
Dear Sir or N	1adany:				
"Certificate of	"Application by Foreign Corp of Existence," or "Certificate o need foreign corporation to trai	Good Stand	ing" and check are submitt	usiness in Florida," ed to register the	
Please return	all correspondence concerning	this matter	to the following:		
Michael A. A	be!				
		Name of P	erson		
Michael A A	bel PLLC				
		Firm/Con	any		
10752 Deerwo	ood Park Blvd., Suite 100				
		Addres	is s		
Jacksonville,	FL 32256				
		City/State an	d Zip code	····	
michael.abel3	12@gmail.com				
	É-mail address: (to be used fo	or future annual report notil	ication)	
For further in	iformation concerning this mat	ter, please cr	ilt:		
Michael A. A	bel	904) 612-2708		
Nan	ne of Person	Area Code	Daytime Telephone	e Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10 Tallahassee, FL 32303			Registration Secti Division of Corpo P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tattahassee, FL 32314	
Enclosed is a Please make e 570 00 Fi	check for the following amou heck payable to: FLORID VIDET ling Fee \$78.75 Filing Certificate of	ARTMENT Fee & - 17	OF STATE \$78,75 Filing Fee &	7 \$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.

Uadrio"i	lable in Florida, enter alternate corporate nam-	e deblodator the escopepot transacting business in 46-4492753	_	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
		(perpetua!)		
(Date of incorporation) 5.		(Date of duration, if other than perpetual)		
	sacted prior to registration.	, ,		
	(Date first transacted business) (SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to (egistration) 502, F.S., to determine penalty liability)		
10752 Deerwood	Park Blvd., Suite 100 Jacksonville, FL	32256		
		ice <u>street</u> address)	_	
Name and <u>stree</u> Name:	t address of Florida registered agent: (P.C Michael A. Abel			
Mice Address:	10752 Deenwood Park Blvd., Suite 100		UZJ APR -6 F	
	Jacksonville	, Florida 32256	PM 5: 02	
	(City)	(Zip code)	2.	
	ent's acceptance: ed as registered agent and to accept serv application. I hereby accept the appoint	ice of process for the above stated corporation at the ment as registered agent and agree to act in this cap relative to the proper and complete performance of t	e place acity. 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.

A. DIRECTORS							
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director	Azrieli Centre 5, Square Tower	20 Director	Azrieli Centre, Square Tower				
□President	Floor 28	□President	Floor 28				
☐Vice President	Tel Aviv, Israel 6702501	□Vice President	Tel Aviv, Israel 6702501				
☐ 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				
□Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		☐Director					
□President		□President					
□Vice President		□Vice President	VII				
□ Secretary	□Treasurer	Secretary	□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 salen filing your Florida Department of State Annual Report form. 12.							
Signature of Director or Officer							
The officer or director signing this document (and who is fisted 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.847.155. F.S.							
Tisrael Hiller (Typed or printed name and capacity of person signing application)							
(13) feet of prince faint capacity of fermion signing alphication)							

Page 1



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

DELAWARE, DO HEREBY CERTIFY "ASSERSON HILLER PC" 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 SEVENTH DAY OF FEBRUARY, A.D. 2023.



Authentication: 202665034

Date: 02-07-23