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M. SOLOMON

MAY 17 2023

227-
100893

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: I.S.M.Y INC

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Dror Levy

Name of Person

ISMY,INC

Firm/Company

12240 SW 53rd Street, Suites 503-504

Address

Cooper City, FL 33330

City/State and Zip code

drorlevy@me.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dror Levy

at (305) 3457356

Name of Person

Area Code

Daytime Telephone 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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

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**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.*

1. I.S.M.Y INC
(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- I.S.M.Y E-Commerce
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. STATE OF WYOMING 3. 38-4107986
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 03/07/2019 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. July 2021
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 12240 Southwest 53rd Street, Suites 503-504, Cooper City, Florida 33330
(Principal office street address)
- _____
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Dror Levy
- Office Address: 12240 SW 53rd Street, Suite 503
- Cooper City, Florida 33330S
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

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]:

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A. DIRECTORS

☐ Chairman Name: Sergey Markosian
☐ Vice Chairman Address: 12240 SW 53rd St , suite 504
☐ Director Cooper City Florida 33330
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

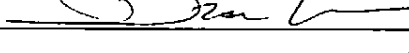
☐ Chairman Name: Ilia Gringlaz
☐ Vice Chairman Address: 12240 SW 53rd St ,suite 504
☒ Director Cooper City Florida 33330
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Dror Levy
☐ Vice Chairman Address: 5120 SW 111th Terrace
☒ Director Davie, Florida 33328
☐ President _____
☒ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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.

12. 
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. Dror Levy, Director
(Typed or printed name and capacity of person signing application)

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CLERK OF COURT
JANET L. STONE

STATE OF WYOMING
Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

I.S.M.Y INC
is a
Profit Corporation

formed or qualified under the laws of Wyoming did on **March 7, 2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000844909**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 15th day of May, 2023 at 1:18 PM. This certificate is assigned ID Number 060894835.




Secretary of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2022

DROR LEVY
12240 SW 53 ST STE 503-504
COOPER CITY, FL 33330

SUBJECT: I.S.M.Y. INC
Ref. Number: W22000100893

We have received your document for I.S.M.Y. INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 222A00017385