

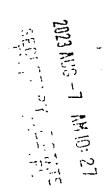
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## **COVER LETTER**

	stration Section ion of Corporations			
SUBJECT:	Naday Elkalay Inc			
Sebele I.		of corporation - m	ast include suffix	
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign C f Existence," or "Certificat ced foreign corporation to	e of Good Standing	" and check are submi	Business in Florida," tted to register the
Please return	all correspondence concert	ning this matter to the	ne following:	
Nadav Heskiel	I			
		Name of Pers	on	
Nadav Elkalay	· Inc			
		Firm/Company	1	
8550 Desert Ir	nn Rd STE 102-163			
		Address		
Las Vegas NV	89103			
-		City/State and Z	ip code	
elkalay@rcque				
	E-mail addres	ss: (to be used for fi	iture annual report not	ification)
For further in	formation concerning this	matter, please call:		
Nadav Heskie	I	at ( 312 )	de Daytime Telephone Number	
Nam	e of Person	Area Code	Daytime Telepho	ne 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		
	check for the following an neck payable to: FLORIDA I ing Fee	DEPARTMENT OF ng 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.

Nadav Elkalay I	orporation; must include "INCORPORATED,"	" "COMPANY " "CORPORATION "	
	огр," "Inc," "Co," or "Corp.")	COMPANY, CONTONATION,	
Elkalay Inc			
(If name unavaila	ible in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	
Nevada 3.  (State or country under the law of which it is incorporated)		47-3302003	
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)	
03/09/2015	5.		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
8550 Desert Inn S	Suite 102-163, Las Vegas, NV 89117		
-	(Principal offi	ce <u>street</u> address)	
	(Current mailin	ng address, if different)	
. Name and <u>stree</u>	<u>t address</u> of Florida registered agent: (P.C	D. Box NOT acceptable)  #//o , Florida	
Name:	Rudy Tammem 10525 SW 112th Are		
Office Address:	10525 DW 1/2th Ave	<u>#</u> 1/0	
	Mi'ami FL 33176 (City)	, Florida	
	(City)	(Zip code)	
). Registered age	ent's acceptance:		
Taving been nam	ed as registered agent and to accept servi	ce of process for the above stated corporation at the place	
urther agree to co		nent as registered agent and agree to act in this capacity. I elative to the proper and complete performance of my dutie sition as registered agent.	
	·8/-	^ )	
_	(Registered agent's si	· · · · · · · · · · · · · · · · · · ·	

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 Nadav Heskiel □ Chairman Name: □ Chairman Name: 8550 Desert Inn □Vice Chairman Address: □Vice Chairman Address: Suite 102-163 □ Director Director Las Vegas, NV 89117 □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 \_\_\_\_\_ Name: \_\_\_\_\_ □ Chairman □ Chairman Name: □Vice Chairman Address: \_\_\_\_\_ □Vice Chairman Address: \_\_\_\_\_\_ □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 firing your Elorida 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.

Nadav Heskiel / President

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I. FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **NADAV ELKALAY INC**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 03/03/2015, and is in good standing in this state.



Certificate Number: B202306303777926

You may verify this certificate online at <a href="http://www.nvsos.gov">http://www.nvsos.gov</a>

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 06/30/2023.

FRANCISCO V. AGUILAR Secretary of State