F23000005777

(Req	uestor's Name)	
(Add	ress)	<u></u>
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



300416676403

2023 OCT -9 AM 7: 25

FILED AN 7: 2

103 OCT -9 PH IN CO.

OCT 10 2023 K. Brumbiey

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312
(850) 656-4724

DATE 10/9/2023	_	**WALK IN**
ENTITY NAME SHIELI	DA, INC.	
DOCUMENT NUMBER		
	PLEASE FILE TI	HE ATTACHED AND RETURN
XXXXXXX	Plain Copy	
	Certified Copy	
	Certificate of Status	
*	Certified Copy of Arts	**************************************
	Certificate of Status	& Amenamen's Complete live fincialing Annaul Reports
	• •	eflecting:
	APOSTILLE' / I	NOTARIAL CERTIFICATION
COUNTRY OF DESTINAT	TION	
NUMBER OF CERTIFICA		
TOTAL OWED \$ 70		ACCOUNT # 120140000108 Chapter Services, Inc. Thank you so much:
Please call Tina at ti	he above number for a	any issues or concerns. Thank you so much!

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.

(If name unavaila	ble in Florida, enter alternate corporate name a	dopted for the purpose of transac	cting business in Florida)	-
Delaware 2.	3.	Applied for		_
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)		-
4. September		(Date of duration, if oth	<u> </u>	_
(Date	of incorporation)	(Date of duration, if oth	er than perpetual)	
6	September 26, 202	3		-
-	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15		bility)	
1200 Sou	th Rogers Circle, Suite 11, Boca Raton, Florida	a 33487		
·· <u> </u>	(Principal offic	ce <u>street</u> address)		-
	(Current mailin	g address, if different)	20	
			23 OC	<u></u>
	t address of Florida registered agent: (P.O United Corporate Services, Inc.	. Box <u>NOT</u> acceptable)	23 OCT - 9	では、
8. Name and <u>stree</u> Name: Office Address:		. Box <u>NOT</u> acceptable)	9	APPROVED:
Name:	United Corporate Services, Inc. 3458 Lakeshore Drive		9 AH 7: 2	APPROVED:
Name:	United Corporate Services, Inc. 3458 Lakeshore Drive	. Box NOT acceptable), Florida 32312(Zip code)	9 AH 7:	APPROVED:

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				
□Chairman	Name:	□Chairman	Name: Dar	niel Sebag
□Vice Chairman	Address: 1200 South Rogers Circle, Suite 11	□Vice Chairman	Address:150	00 Stanley Street
□Director	Boca Raton, Florida 33487	☑Director	Moi	ntreal (QC), H3A 1P7
□President		□President	Que	bec. Canada
□Vice President		□Vice President		
☐ Secretary	□Treasurer	⊠ Secretary		□Treasurer
Other Chief E	xecutive Officer	□XOther Chief Fi	nancial Officer	□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		□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		□Other
individuals may be	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department of Director or Signature of Director or	nt of State Annual Re	port form.	
-	Signature of Director or	Officer		
	etor signing this document (and who is listed in number lise information submitted in a document to the Departm			
13	David Oren, President			

(Typed or printed name and capacity of person signing application)

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SHIELDA, 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 NINTH DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHIELDA, INC."

WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2023.

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

Authentication: 204332406

Date: 10-09-23