F23000006243

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

Office Use Only



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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE 11/2/2023

PRIORITY Regular Approval

OUR REF # (Order ID#) 1190734

ORDER ENTITY

EASYAIR TECHNOLOGIES, INC.

PLEASE	PERFORM	THE FO	LLOW	ING:	SERV	ICES:
EASYA	AIR TECHN	OLOGIE	S INC	ÜĒ	L Y	

File the attached foreign qualification document

NOTES:

\$78.75 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956.

Sincerely.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, November 2, 2023 Page 1 of 1

COVER LETTER

TO:		tration Section ion of Corporations			
SUBJ	ECT:	Easyair Technologies	Inc.		
2020			Name of corporation	on - must include suffix	
Dear S	Sir or M	adam:			
"Certif	ficate of	"Application by Fore Existence," or "Cenced foreign corporation	tificate of Good Sta	r Authorization to Transa inding" and check are sub less in Florida.	nct Business in Florida," omitted to register the
Please	return a	all correspondence co	oncerning this matte	er to the following:	
Shahar	Goldbo	im			
			Name o	f Person	
Easyair	r Techno	ologies, Inc.			
			Firm/Co	mpany	
1250 e	halland	ale beach blvd PH1			
			Add	ress	
Halland	dale FL	33009			
			City/State	and Zip code	
shahar(@design	edvr.com			
		E-mail a	iddress: (to be used	for future annual report	notification)
For fur	ther inf	ormation concerning	this matter, please	call:	
Shahar	Goldbo	im	at (954 393-2503		
	Name	of Person	Area Co	de Daytime Telep	hone 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			
Please r		•	DA DEPARTMEN	T OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

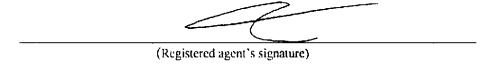
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

Easyair Techno	iogies, inc.			
	orporation; must include "INCORPORATED," orp." "Inc." "Co," or "Corp.")	'COMPANY," "CORPORATIO	N."	
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacti	ng business in Florida)	
Delaware	2			
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
February 6, 202	3			
(Date of incorporation) 5.		(Date of duration, if other than perpetual)		
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150) beach blvd PH1 Hallandale FL 33009		lity)	
	(SEE SECTIONS 607.1501 & 607.150)	2, F.S., to determine penalty liabil	iity) 	
	(SEE SECTIONS 607.1501 & 607.150) beach blvd PH1 Hallandale FL 33009 (Principal office	2, F.S., to determine penalty liabil	2023 NOV	
1250 e hallandale	(SEE SECTIONS 607.1501 & 607.150) beach blvd PH1 Hallandale FL 33009 (Principal office	2, F.S., to determine penalty liabil street address) address, if different)	2023 NOV -2	
1250 e hallandale	(SEE SECTIONS 607.1501 & 607.1500 e beach blvd PH1 Hallandale FL 33009 (Principal office) (Current mailing)	2, F.S., to determine penalty liabil street address) address, if different)	2023 NOV -2	
. Name and street	(SEE SECTIONS 607.1501 & 607.1501 beach blvd PH1 Hallandale FL 33009 (Principal office) (Current mailing) et address of Florida registered agent: (P.O.	2, F.S., to determine penalty liabil street address) address, if different)	2023 NOV -	
. Name and stree	(SEE SECTIONS 607.1501 & 607.1502 beach blvd PH1 Hallandale FL 33009 (Principal office (Current mailing et address of Florida registered agent: (P.O. Shahar Goldboim 1250 e hallandale beach blvd PH1	2, F.S., to determine penalty liabil street address) address, if different)	2023 NOV -2	

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.



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: Shahar Goldboim	□ Chairman	Name: Alon Goldboim	
□Vice Chairman	Address:	☐ Vice Chairman	Address:	
Director	1250 e hallandale beach blvd PH1	Director	1250 e hallandale beach blvd PH1	
□President	Hallandale, FL 33009	☐ President	Hallandale, FL 33009	
□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	
□ Chairmon	Name:	□ Chairman	Name:	
	Address:		Address:	
Director	Address.	Director	Auturess.	
□President		□President		
□Vice President	,	□Vice President		
☐ Secretary	□Treasurer	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 Direct	or of Officer		
The officer or dire she is aware that is s.817.155, F.S.	eter signing this document (and who is listed in num also information submitted in a document to the Dep	partment of State constitu	not the facts stated herein are true and that he or stes a third degree felony as provided for in	

(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 "EASYAIR TECHNOLOGIES, 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 SECOND DAY OF NOVEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EASYAIR

TECHNOLOGIES, INC." WAS INCORPORATED ON THE SIXTH DAY OF FEBRUARY,

A.D. 2023.

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

Authentication: 204502798

Date: 11-02-23

7276804 8300 SR# 20233875697