# F24000000207

(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:

Office Use Only



600420758086

2024 JAH 16 PH 1: 14

2024 JINH 18 AM ID: 47

JAN 1 6 2024 K. Brumbley

# CT CORP

## (850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

01/16/2024

Date:

		Acc#I20160000072	
Name:	Good Candy	, Inc	
Document #:			
Order #:	15324893 - 1		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
Filing: 🚺	Certified: Plain: COGS: [	<b>√</b>	Email Address for Annual Report Notification  NOAM@MATOKAL. COM
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount: \$	70.00	

Thank you!

# **COVER LETTER**

TO:		tration Section ion of Corporations				
SUBJ	ECT:	Good Candy, Inc.				
0000		Name o	f corporation	- must	include suffix	
Dear S	ir or M	adam:				
"Certif	icate o	"Application by Foreign Corf Existence," or "Certificate of ced foreign corporation to tra	of Good Stan	ding" a	nd check are subm	
Piease	return	all correspondence concernir	ng this matter	to the	following:	
Noam l	KAPLA	N				
			Name of 1	Person		
Good C	Candy, I	nc.				
****			Firm/Com	pany		
4440 P	GA Blv	d. Suite 600				
			Addre	:SS		
Palm B	Beach G	ardens/Florida 33410				
		. <del>.</del>	City/State ar	nd Zip o	code	
noam@	gmatoka					
		E-mail address:	(to be used f	or futui	re annual report not	tification)
For fur	ther in	formation concerning this ma	itter, please c	all:		
Theo L. Rieu, Esq. at (646 at (7)			889	-2331		
	Name	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			
Please r	make ch	check for the following amore ck payable to: FLORIDA DE ng Fee	PARTMENT g Fee & □	\$78.7		☐ \$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.

Good Candy, Inc					
	orporation; must include "INCORPORATES orp," "Inc," "Co." or "Corp.")	)," "СОМРА	NY." "CORPORATIO	N."	
(If name unavaila	ble in Florida, enter alternate corporate nam	ne adopted for	the purpose of transacti	ng business in Florida)	
Delaware	3	3.		_	
(State or country	y under the law of which it is incorporated)	<del>.</del>	(FEI number, if a	pplicable)	
06/29/2023	<u>:</u>	5.			
(Date	(Date of incorporation)		(Date of duration, if other than perpetual)		
July 12, 2023				<u> </u>	
<del></del>	(Date first transacted business (SEE SECTIONS 607.1501 & 607.			lity)	
4440 PGA Blvd.	Suite 600, Palm Beach Gardens, Florida 334	10			
·	(Principal o	ffice <u>street</u> ad	dress)		
	(Current mai	ling address, it	different)	2024 JAN	
. Name and stree	t address of Florida registered agent: (F	P.O. Box <u>NO</u>	<u>T</u> acceptable)		
Name:	C T Corporation System			- · · · · · · · · · · · · · · · · · · ·	
Office Address:	1200 South Pine Island Road			- P (C)	
	Plantation	FL	33324	; <u></u>	
	(City)	<u> </u>	(Zip code)	<del></del>	

#### 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.

C T Corporation System

By: Munaque C T Corporation System, Theresa Buck, Assistant Secretary (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]:

### DocuSign Envelope ID: 938A4EFD-41AB-4BFD-8446-9F374595BD25

## A. DIRECTORS

□ Chairman	Name: Noam Kaplan	□Chairman	Name:			
	5 Hana Rubina st. Address:	□Vice Chairman	Address:			
<b>☑</b> Director	Apt 24	□Director				
☑ President	Tel Aviv 6937207	□President				
	Israel	□Vice President				
	Total					
☐ Secretary	□Treasurer	□Secretary	□Treas			
□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	□Treas	urer		
□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	□Treas	urer		
□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 made 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. Noam Kaplan

Delaware

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "GOOD CANDY, 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 TWELFTH DAY OF JANUARY, A.D. 2024.

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



Authentication: 202587311

Date: 01-12-24

7543727 8300 SR# 20240114301