F24000001539

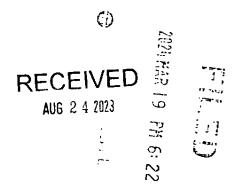
(Req	juestor's Name)			
(Add	ress)			
(Add	ress)	·····		
(City	/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	iness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to F	iling Officer:			
W23000123	375			

Office Use Only



200414504102

08/28/23--01042--011 **87.50



COVER LETTER

TO:	Registration S Division of C					
SUBJ	ECT:	ZACHI	FRANKLIN C	ORPOR	RATION	
., 0		Nam	e of corporation	on - mus	t include suffix	
Dear S	ir or Madam:					
"Certif	icate of Exister		ite of Good St	anding"	and check are subi	t Business in Florida," mitted to register the
Please	return all corre	spondence concer	rning this matt	er to the	following:	
			YITZC	HAK GI	ROYER	
	<u>-</u>		Name o	of Person	1	
			YRG A	CCOUN	TING LLC	
	-		Firm/Co	ompany		
			648 N	июжо	OD STREET, 1B	
	· <u>-</u> ·		Add	lress		
			BR	OOKLY	N. NY. 11203	
			City/State	and Zip	code	
					NG@YAHOO.CO	
		E-mail addre	ess: (to be use	d for futi	ire annual report n	otification)
For fur	ther information	on concerning this	matter, please	e call:		
	YITZCHA	AK GROYER	at (917)	701-2687	
	Name of Per		Area Co	ode	Daytime Telepl	none Number
	Registration S Division of C The Centre of	orporations FTallahassee roe Street, Suite 8			MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
Please		or the following a able to: FLORIDA \$78.75 Fil Certificat	DEPARTMEN	□ \$78.	TATE 75 Filing Fee & ified 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.

1.	ZACH FRANKLIN CORPO	RATION	
(Enter name of co	orporation; must include "INCORPORATED," "Corp." "Inc." "Co," or "Corp.")	COMPANY," "CORPORATIC	. N."
(If name unavaila	able in Florida, enter alternate corporate name adop	oted for the purpose of transacti	ing business in Florida)
2	NEW YORK 3.	(FEI number, if a	
(State or country	y under the law of which it is incorporated)	(FEI number, if a	ipplicable)
4	07/06/2017 5		
(Date	of incorporation)	(Date of duration, if other	r than perpetual)
6	(Data first transported business in Ele	olde if mion to avaictmetion)	
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,		dity)
7.	4950 NORTHWEST 65TH AVENUE, LADERI	HLL. FL. UNITED STATES 3	3319
	(Principal office <u>stree</u>	t address)	
	4950 NORTHWEST 65TH AVENUE, LADERHI	LL, FL, UNITED STATES 33	319
	(Current mailing ad		<u> </u>
8. Name and stree	et address of Florida registered agent: (P.O. Be	ox <u>NOT</u> acceptable)	200
Name:	YITZCHOK SHIMSHONI	_	2024 MAR 19
Office Address:	4950 NORTHWEST 65TH AVENUE	_	FI 6
	LAUDERHILL	Florida33319	e O
	(City)	(Zip code)	22
9. Registered ago	ant's accontance		
***	ed as registered agent and to accept service of	f process for the above state	ed corporation at the place
	application, I hereby accept the appointment		
juriner agree io ci and I am familiar	omply with the provisions of all statutes relate with and accept the obligations of my position	ive to the proper and compt on as registered agent.	ete performance of my autie
·		, ,	
	V.		
_	<u> </u>		
	(Registered agent's signal	ture)	

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]:

A. DIRECTORS							
□ Chairman	Name: <u>Litzchok Shinshon</u> ; Address: <u>4950 Northwest</u> 65th Ave	Chairman	Name:				
□Vice Chairman	Address: 4950 Northwist 65th Ave	□Vice Chairman	Address:				
□Director	Lauderill, FL, 33319	□Director					
XI President	YETTEHON SHENSHONI-	□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	MT				
□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			
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. Shwsba. 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	YITZCHOK SHIMSHONI, PRESID						
(Typed or printed name and capacity of person signing application)							

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ. Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: ZACH FRANKLIN CORPORATION

DOS ID Number: 5166052

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING
Date of Initial Filing with DOS: 07/06/2017

Statement Status: CURRENT Statement Due Date: 07/31/2025

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on August 07, 2023 at 02:43 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

Brandon C Hylan

Authentication Number: 100004086384 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov