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COVER LETTER

TO:		tration Section of Cor				
SUBJ	FCT.	THE SMA	RT CHIP TRAY IN	С.		
3000	LC1.		Name of	corporation	ı - must include suffix	-
Dear S	ir or M	adam:				
"Certi	ficate o	f Existence	on by Foreign Corp ;" or "Certificate of a corporation to tran	Good Stan	Authorization to Transact Business in Florida." adding" and check are submitted to register the ess in Florida.	
Please	return	all corresp	ondence concerning	this matter	r to the following:	
Bets T	ouitou					
				Name of	Person	-
Dayan	& Asso	ciates PL	_C			
				Firm/Com	ıpany	-
2980 N	VE 2071	h St				
				Addro	CSS	-
Aventu	ıra, Flo	ida 33180				
				City/State a	nd Zip code	-
bets@	dayana	ssociales.	com	·	•	
			E-mail address: (to be used t	for future annual report notification)	-
For fu	ther in	formation	concerning this mat	ter, please c	rall:	
Bets T	ouitou		ut	786 (850 5997	
	Nam	e of Person	1	Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAHLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314				
Please		eck payable	he following amour to: FLORIDA DEP	ARTMENT	**OF STATE 3 \$78.75 Filing Fee &	. & :

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 unavail	able in Florida, enter alternate corporate name ac	dopted for the purpose of transacting	business in Florida)		
Delaware					
	y under the law of which it is incorporated)	(FEI number, if applicable)			
1/4/2023 1.	5.				
(Date	of incorporation)	(Date of duration, if other th	nan perpetual)		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 12, F.S., to determine penalty liabilit	y)		
1855 Griffin Rd	Suite A407, Dania Beach FL 33004	•			
	(Principal office	e <u>street</u> address)			
	(Current mailing	address, if different)			
	•		2024 ალა		
 Name and <u>street</u> 	et address of Florida registered agent: (P.O.	Box NOT acceptable)	2024 HAR –		
Name:	Dayan & Associates, PLLC		1024HAR - 4 PI		
Office Address:	2980 NE 207th Street, STE 300		<u> </u>		
	Miami	33180 Florida	15 15 15 15 15 15 15 15 15 15 15 15 15 1		
	(City)	(Zip code)	v_1 \bullet		
Having been nam lesignated in this further agree to c	ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rel with and accept the obligations of my posi	ent as registered agent and agree lative to the proper and complete	e to act in this capacity, e performance of my du		

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

^{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	Yakov Hanashvili Name:	□Chairman	Name:	
□Vice Chairman	Address: 2980 NE 207th St	□Vice Chairman	Address:	
□Director	Aventura, Florida 33180	□Director		······································
□President		□ President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary		□Treasurer
©Other	Other	□Other	·- <u>-</u>	□Other
t∃Chairman	Name:	⊟Chairman	Stanner	
		□Vice Chairman	Address:	
□ Director		Director		
□President		□President		
□Vice President		□Vice President		
E3Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	Other	Other	 -	☐Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman		
□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 a e added to the index when filing your Florida Depart Yakov-hana	ment of State Annual Ro	port form.	-
· • · · · · · · · · · · · · · · · · · ·	yakov hand Signature of Directo	or or Officer		
The officer or dire she is aware that fi s.817.155, F.S.	ctor signing this document (and who is listed in num also information submitted in a document to the Dep	nber 11 above) affirms the partment of State constitu	at the facts stat ites a third degr	ed herein are true and that he or ce felony as provided for in
13. Yakov Hana				



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

DELAWARE, DO HEREBY CERTIFY THAT "THE SMART CHIP TRAY INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN

CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW

AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE FOURTH DAY OF JANUARY,

A.D. 2023, AT 1:26 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE EIGHTEENTH DAY OF DECEMBER,
A.D. 2023, AT 8:54 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID CORPORATION, "THE SMART CHIP TRAY INC.".

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE SMART

CHIP TRAY INC." WAS INCORPORATED ON THE FOURTH DAY OF JANUARY,

A.D. 2023.

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

Authentication: 204861146

Date: 12-19-23