Division of Corporations

3/25/24, 10,25 AM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240001112713)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 : (561)214-8442 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__

FOREIGN PROFIT/NONPROFIT CORPORATION

Dara Kaye Jewelry Ltd.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu Corporate Filing Menu

Help

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. Dani Kaye Jewe	·				
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"			
Dara Kaye Jev	velry Ltd. Inc.				
(If name unavaila	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting b	ousiness in Florida)		
2. Delaware	3	99-1755172	99-1755172		
(State or countr	y under the law of which it is incorporated) 3.	(FEI number, if appli	cable)		
4. 03/01/2024	5.				
(Date	of incorporation) 5.	(Date of duration, if other tha	n perpetual)		
6.					
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 2, F.S., to determine penalty liability)			
7 20200 West Dixi	e Highway, Suite 902, Aventura, Florida 33180				
· · · · · · · · · · · · · · · · · · ·	(Principal offic	e <u>street</u> address)			
20200 West Dixi	e Highway, Suite 902, Aventura, Florida 33180				
	(Current mailing	address, if different)			
			2024 HAR 25		
8. Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)	H		
Name:	eResidentAgent, Inc.		R 2		
Office Address:	115 N Calhoun St Suite 4		^		
Office Address.	Tallahassee	, Florida <u>32301</u>	PH I		
	(City)	(Zip code)	55		
9. Registered ago	ant's accontance		- ·		
	ent's acceptance; ed as registered agent and to accept service	e of process for the above stated c	orporation at the place		
designated in this	application, I hereby accept the appointme	ent as registered agent and agree	to act in this capacity.		
	omply with the provisions of all statutes re- with and accept the obligations of my post		performance of my dut		
	By: Letters A three President				
_	Ality A. Onge. Createring	- 			
	(Registered agent's sig	nature)			

^{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: Dara Kaplan	□ Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
Director	20200 West Dixie Highway,	Director			
President	Aventura, FL 33180	□President			
□Vice President	777011101111111111111111111111111111111	□Vice President			
■ Secretary	Treasurer	Secretary	Treasurer		
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		
	•				
O Chairman	Name:	□ Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
Director		☐Director	· ,		
President		President			
□Vice President		☐Vice President			
☐ Secretary:		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 hing your Florida Department of State Annual Report form.					
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.

○ 03/25/2024 7:33 AM 15612148442 → 18506176383 pg 4 of 4



Page 1

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

DELAWARE, DO HEREBY CERTIFY "DARA KAYE JEWELRY LTD." 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 TWENTY-SECOND DAY OF MARCH, A.D.

2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DARA KAYE

JEWELRY LTD." WAS INCORPORATED ON THE FIRST DAY OF MARCH, A.D.

2024.

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

Authentication: 203087818

Date: 03-22-24