F24000002212

(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:						





500427389195

04/09/24--01928--017 *+70.00





COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	ECT: PYRAMID ANALYHO	IS CUSALING			
	N:	ime il corporatio	n - mu	st include suffix	
Dear S	ir or Madam:				
"Certi	eclosed "Application by Foreig ficate of Existence," or "Certifi referenced foreign corporation	vate of Good Sta	oding"	and check are subn	Business in Florida." nitted to register the
Please	return all correspondence con-	cerning this matte	er to the	: following:	
ADIN	A DAYAN				
		Name o	f Person	1	
PHILI	P STEIN & ASSOCIATES				
***************************************	***************************************	Firm/Co	mpany		
POB 4	1454				
		Add	ress		
JERUS	SALEM, ISRAEL 91451				
		City/State	and Zip	code	···
CORP	ORATE@PSTEIN COM				
	E-mail add	lress: (to be used	for futi	ire annual report no	tification)
For fur	ther information concerning th	is matter, please	call:		
ADIN/	A DAYAN	866	, 95	9551040	
	Name of Person	Area Co	/ .le	Daytime Telepho	one 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 t	ed is a check for the following nake check payable to: FLORID: .00 Filing Fee	A DEPARTMEN	□ \$78.	FATE 75 Filing Fee & ified 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 607.1563, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TEAMS OF BUSINESS IN THE STATE OF FLORIDA.

"Inc.," "Co.," "Co	orporation; must include "INCORPORATED; orp." "Inc," "Co." or "Corp.")	" "COMPANY," "CORPORATI	OR.		
(If name unavails	ible in Florida, enter alternate corporate name	adepted for the purpose of transac	ting business in Florida)		
Delaware	3	46-1721049			
(State or countr	y under the law of which it is incorporated)	(FEI number, if	applicable)		
(Date	of incorporation)	(Date of duration, if oth	(Date of duration, if other than perpetual)		
	(Date first transacted business to (SEE SECTIONS 607-1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty lia	bility)		
4210 221ST PLA	CE SE BOTHELL, WA 9802!				
<u> </u>	(Principal of	lice <u>street</u> address)			

	(Current maili	ng address, if different)			
	•	ng address, if different)	<u> </u>		
Name and stre	et address of Florida registered agent: (P.	ng address, if different) O. Box <u>NOT</u> acceptable)			
Name and <u>stre</u> Name:	et address of Florida registered agent: (P. Veom Services, LLC	ng address, if different) O. Box <u>NOT</u> acceptable)			
Name:	et address of Florida registered agent: (P. Veom Services, LLC	ng address, if different) O. Box <u>NOT</u> acceptable)			
Name:	et address of Florida registered agent: (P. Veom Services, LLC	ng address, if different) O. Box <u>NOT</u> acceptable)			
Name:	et address of Florida registered agent: (P. Veom Services, LLC	ng address, if different) O. Box <u>NOT</u> acceptable)			
Name: ffice Address:	et address of Florida registered agent: (P. Veom Services, LLC	ng address, if different) O. Box <u>NOT</u> acceptable)			
Name: (Tice Address: Registered ag	et address of Florida registered agent: (P. Veom Services, LLC	ng address, if different) O. Box <u>NOT</u> acceptable)			
Name: Office Address: Registered aglaving been namesignated in this	et address of Florida registered agent: (P. Veorp Services, LLC 1200 South Fine Island Road Plantation (City) gent's acceptance: med as registered agent and to accept services application, I hereby accept the appointments with the pravisions of all standes	O. Box NOT acceptable) O. Box NOT acceptable) Florida 33324 (Zip code) : icice of process for the above statement as registered agent and correlative to the proper and correlative to	ANASSEE CAPPORTED at this capport is this capport in the capport is this capport is the capport in the capport is the capport in the capport is the capport in the capport		
Name: Office Address: Registered aglaving been namesignated in this	et address of Florida registered agent: (P. Veorp Services, LLC 1200 South Fine Island Road Plantation (City) gent's acceptance: med as registered agent and to accept services in the registered agent and the accept services in the same the accept services.	O. Box NOT acceptable) O. Box NOT acceptable) Florida 33324 (Zip code) : icice of process for the above statement as registered agent and correlative to the proper and correlative to	ANASSEE CAPPORTED at this capport is this capport in the capport is this capport is the capport in the capport is the capport in the capport is the capport in the capport		
Name: Tice Address: Registered aglaving been nanesignated in this	et address of Florida registered agent: (P. Veorp Services, LLC 1200 South Fine Island Road Plantation (City) gent's acceptance: med as registered agent and to accept services application, I hereby accept the appointments with the pravisions of all standes	O. Box NOT acceptable) O. Box NOT acceptable) Florida 33324 (Zip code) : icice of process for the above statement as registered agent and correlative to the proper and correlative to	ANASSEE CAPPORTED at this capport is this capport in the capport is this capport is the capport in the capport is the capport in the capport is the capport in the capport		

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: OMRI KOHL	C Chairman	Name: AVI PEREZ Name: 51 BAR ILAN ST. Address: RAANANA					
□Vice Chairman	46 FRISHMAN ST Address:	ELVice Chairman						
□Director	TEL AVIV.	a Director						
■ President	ISRAEL, 6439513	L.President	ISRAEL, 4370050					
LJVice President		□Vice President						
☐ Secretary	CJTreasurer	□ Secretary	□Treasurer					
[]Other	□Other	[]Other						
□Chairman	Name:	IDChairman	Name:					
ElVice Chairman	Address:	□Vice Chairman	Adaress:					
(_lDirector		ElDirector						
□President		CIPresident						
∐Vice President		□ Vice President						
□Secretary	□Treasurer	☐ Secretary	☐Treasurer					
□Other		□Other						
□Chairman	Name:	∐Chairman	Name:					
□Vice Chairman	Address:	∐Vice Chairman	Address:					
□Director		Director						
[]President		□President						
□Vice President		□Vice President						
☐ Secretary	C) Preasurer	Secretary	☐ Treasurer					
□Other		□Other						
Important Notice: Use an attachment to report more than six (C). 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 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.								
OMRI KOHL - PRESIDENT								



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

DELAWARE, DO HEREBY CERTIFY "PYRAMID ANALYTICS (USA) 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 SIXTH DAY OF MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PYRAMID

ANALYTICS (USA) INC" WAS INCORPORATED ON THE FOURTH DAY OF JANUARY,

A.D. 2013.

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

Authentication: 202954519

Date: 03-06-24

5270373 8300

SR# 20240899150

, . . . ****