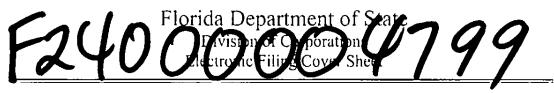
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

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## FOREIGN PROFIT/NONPROFIT CORPORATION

Kodem Security, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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Corporate Filing Menu

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## 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.

Kodei	Kodem Security, INC.								
(Enter		orporation; must include "INCORPORATED," 'orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"		-				
		ible in Florida, enter alternate corporate name ad-		Florida)	-				
2. Delaw	vare	$\frac{32}{\text{y under the law of which it is incorporated}}$ 3.	-0719449		_				
(Stat 4.	ברחי								
	(Date	of incorporation) 5	(Date of duration, if other than perpetual)	)	-				
6. 7/1/20	)24								
	-	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502			_				
7. 2093 P.	HILADELI	PHIA PIKE #9940 CLAYMONT, DE 19703							
		(Principal office	street address)		-				
		(Current mailing a	address, if different)	202					
8. Name	and stree	t address of Florida registered agent: (P.O. I	Box NOT acceptable)	ESE.					
	Name:	Vcorp Agent Services, Inc.		2024 SEP 11					
Office A	.ddress:	1200 South Pine Island Road	_	P	٠,				
		Plantation,	, Florida	<del>ι</del> . 3	•				
		(City)	(Zip code)	_					
Having designat further o	heen name ed in this agree to co	nt's acceptance: ed as registered agent and to accept service application, I hereby accept the appointmen omply with the provisions of all statutes rela with and accept the obligations of my posit	it as registered agent and agree to act in th tive to the proper and complete performan	is capa	city. 1				
		gag-0307	_						
		(Registered agent's sign	ature)						

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 Name: Roi Hashavia Oron Chertkow □ Chairman □ Chairman Name: 2093 PHILADELPHIA PIKE 2093 PHILADELPHIA PIKE ☐ Vice Chairman Address: □ Vice Chairman Address: #9940 CLAYMONT, DE 19703 #9940 CLAYMONT, DE 19703 ☐ Director □ Director □President DPresident □ Vice President □ Vice President ☐ Secretary **■**Treasurer □ Secretary ☐Treasurer Other COO □Other \_\_\_\_\_ Other \_\_\_\_\_ □Other \_\_\_\_\_ Aviv Mussinger Idan Bartura □ Chairman □ Chairman Name: 2093 PHILADELPHIA PIKE 2093 PHILADELPHIA PIKE □Vice Chairman Address: □Vice Chairman Address: #9940 CLAYMONT, DE 19703 #9940 CLAYMONT, DE 19703 Director ■Director □ President □ President □ Vice President □ Vice President ☐ Secretary □ Treasurer □ Secretary Treasurer Other\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Ashcem Chandna Pavel Furman □ Chairman □ Chairman 2093 PHILADELPHIA PIKE 2093 PHILADELPHIA PIKE ☐ Vice Chairman Address: □Vice Chairman Address: #9940 CLAYMONT, DE 19703 #9940 CLAYMONT, DE 19703 ■Director ■ Director □President [President ☐ Vice President □ Vice President ☐ Secretary □Treasurer □ Secretary ☐ Treasurer []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.

(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.



Page 1

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

DELAWARE, DO HEREBY CERTIFY "KODEM SECURITY, 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 TENTH DAY OF SEPTEMBER, 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 "KODEM SECURITY,
INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF JANUARY, A.D.
2023.

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

eat corn delaware soy/auth

Authentication: 204349164

Date: 09-10-24