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SECRETARY OF STATES

CT CORP

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12/26/2024

D	12/26/2024 Acc#120160000072	
	Acc#I20160000072	
Name:	Business Stategy Consulting ET LTD, Corp.	
Document #:		
Order #:	16051322	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of		
Apostille/Notarial Certification:	Country of Destination: Number of Certs:	
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Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 78.75	

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Business Stategy of	Consulting ET Ltd., Corp.	
	Name of corporation	- must include suffix
Dear Sir or Madam:		
	Certificate of Good Star	Authorization to Transact Business in Florida," ding" and check are submitted to register the ass in Florida.
Please return all correspondence	e concerning this matte	to the following:
Richard L. Winston		
	Name of	Person
Winston Legal Group LLC		
	Firm/Con	прапу
1395 Brickell Avenue, Suite 800		
	Addr	255
Miami, FL 33131		
	City/State a	nd Zip code
richard@winstonlegalgroup.com		
E-ma	il address: (to be used	or future annual report notification)
For further information concern	ing this matter, please o	all:
Richard L. Winston	at (668-5395
Name of Person	Area Cod	Daytime Telephone Number
-	s ee Suite 810 wing amount: DRIDA DEPARTMENT	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 OF STATE \$78.75 Filing Fee & S78.50 Filing Fee, Certified Copy Certificate of Statu Certified 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.

	gy Consulting ET Ltd., Corp.		_
	orporation; must include "INCORPORATED," orp.," "Inc," "Co.," or "Corp.")	"COMPANY," "CORPORATION,"	
	,		
(If name unavail		lopted for the purpose of transacting business in Florida	1)
Israel	3.	3. 98-1826873	
(State or counti	y under the law of which it is incorporated)	(FEI number, if applicable)	
May 8, 2007	5		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
January 1, 2024			_
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 2, F.S., to determine penalty liability)	
10800 NW 106th	Street, Suite 6, Medley, FL 33178		
		street address)	_
			_
	(Current mailing	address, if different)	2
Na	and the second s	D. NOT will)	54
Name and Street	et address of Florida registered agent: (P.O.	130X (NOT acceptable)	,
Name:	CT Corporation System	<u> </u>	Ċ
fice Address:	1200 South Pine Island Road		ž
	Plantation	, Ftorida 33324	3
	(City)	(Zip code)	1

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

Vathryn A. Widdoes

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: Eliczer Tabib	□ Chairman	Name:			
□ Vice Chairman	Address: 10800 NW 106th Street	□Vice Chairman	Address:			
Director	Suite 6	□D!rector				
President	Medley, FL 33178	□President				
□ Vice President		□ Vice President				
☐ Secretary	Treasurer	☐ Secretary	☐ Treasurer			
□Other	Other	□Other	□ Other			
□Chalman	Name:	□ Chairman	Name:			
□Vice Chainnan	Address:	□ Vice Chalrman	Address:			
□Director	Marie 1	□Director				
□President		□President				
□ Vice President	**************************************	□Vice President				
☐ Secretary	☐ Treasurer	□ Secretary	□ Treasurer			
□Other	Other	Other	□Other			
□Chairmen	Nume:	□ Chairman	Name:			
□ Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□ Vice President		□Vice President				
Secretary	□Treasurer	☐ Secretary	□1'reasurer			
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 filling 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.			- · · ·			

משרד המשפטים MINISTRY OF JUSTICE



מדינת ישראל STATE OF ISRAEL

19/12/2024

TO WHOM IT MAY CONCERN

As registrar of companies of the State of Israel, I hereby confirm that, BUSINESS STRATEGY CONSULTING E.T. LTD No. 513974196 is incorporated and registered under Israeli law since 08/05/2007. Company status: active

Respectfully,

The Israeli Corporations Authority Registrar of Companies and Partnerships



רחוב ירמיהו 39, מגדלי הבירה בנין 1, ירושלים 9446722, ת"ד 28093 ירושלים 9128002 טלפון: 5601 https://ic..justice.gov.il/IcaSite/request/openRequest/222/0/0/8 לפון: 12:30 ובזימון תור מראש. שעות קבלת קהל: בימים א' וד' בין השעות 3:30 עד 12:30 ובזימון תור מראש. או בתיבות ההפקדה בימים א'-ה' בין השעות 30-19:00