

Florida Department of State

M22000010105

Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

****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 Limited Liability Company

Beytek SAL Offshore LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

2022 JUN 24 AM 8:15

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Beytek SAL Offshore LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Lebanon
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 310 E Rivo Alto Drive
(Street Address of Principal Office)

6. 310 E Rivo Alto Drive
(Mailing Address)

Miami Beach, FL 33139

Miami Beach, FL 33139

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: High Law LLC

Office Address: 333 Las Olas Way, Suite 100

Fort Lauderdale, Florida 33301
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Ashley Perkins, Attorney-in-Fact Ashley Perkins
(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	Gilbert Zogbi		<input checked="" type="checkbox"/> Manager	Name:	Myriam Jabre	
<input type="checkbox"/> Member	Address:	310 E Rivo Alto Drive		<input type="checkbox"/> Member	Address:	310 E Rivo Alto Drive	
<input type="checkbox"/> Authorized		Miami Beach, FL 33139		<input type="checkbox"/> Authorized		Miami Beach, FL 33139	
	Person				Person		
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Manager	Name:	Rabih Chaiban		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	310 E Rivo Alto Drive		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Miami Beach, FL 33139		<input type="checkbox"/> Authorized			
	Person				Person		
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
	Person				Person		
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> 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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Ashley Perkins

Signature of an authorized person

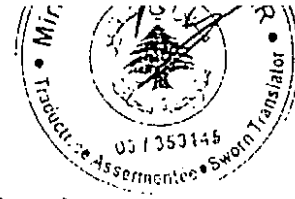
Ashley Perkins, Attorney-in-Fact

Typed or printed name of signee

Centre St. Elie - R.D.C. - Antélias
Liban - Tél: +961(3)353145
Email: mirasebaaly@hotmail.com



Sworn Translator
Traductrice Assermentée
مترجمة محلفة



Mireille Schoucair

National Social Security Fund

Directorate General

Outgoing n°: 005536/2022
Beirut, on March 28, 2022

LIMITED QUITTANCE

For a duration of one year from the present date

- Registration of company's minutes before the commercial register excepting the following cases: selling, cession, liquidation, dissolution, mortgage, radiation, property transfer, exploitation (i.e. begin, renew, achieve, dissolve the free management contract), to transfer the headquarters, to amend the articles of association, to reduce the capital. - Legalize the commercial circular and obtain attestations and certified true copies from the commercial registry. - For all customs formalities within the campus of the customs free zone only.

Pursuant to both articles 1st and 2nd of the Law n°82/24 issued on August 03, 1982, concerning the necessity to obtain a quitance from the fund and the cases that require its presentation at the risk of denial to perform the formality by the competent authority.

Pursuant to the request submitted by the Company :

BEYTEK S.A.L. (Off shore)

Metn – Jal El Dib – Main road

And based on the attestations of the Chief of the Subscriptions Department and the Chief of the Accounting Department, while keeping the results of the control done by the Direction of the Fund, according to the provisions of article 77 security and what follows.

Therefore, the General Manager of the Fund attests that the Company:

BEYTEK S.A.L. (Off shore)

Metn – Jal El Dib – Main road

registered at the Fund under n° 22-83-0002385

is acquitted from all debts related to the Fund until 02/2022.

And based on the Fund's records until the present date.

The present quitance does not prevent the right of the Fund to rectify and is valid for a duration of one complete year from the present date and becomes definitely null after the expiration of the aforementioned duration.

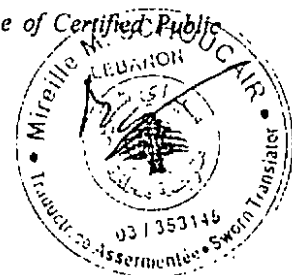
Remark: Registration at the Ministry of Finance: /3460968/.

F. the General Manager

The Chief of the Central Quitance Department: Elias ZGHEIB (Signature and Seal)

I, hereby, certify that the above is a word-for-word accurate English translation of the Arabic particulars appearing on the Attestation herewith attached, on June 17, 2022.

The Sworn Translator Mireille SCHOUCAIR SEBAALY, affiliated to the Syndicate of Certified Public Translators in Lebanon under n°/228/.



براءة ذمة محصورة (١)

لمدة سنة واحدة من تاريخه.

الصندوق الوطني
للضمان الاجتماعي
المديرية العامة

رقم الصادر: ٢٠٢٢-٠٠٥٥٣٦

بيروت تم: ٢٨-٠٣-٢٠٢٢
(الثامن والعشرون من آذار من العام ألفان وثمان و عشرون)

— تسجيل محاضر الشركة لدى السجل التجاري باستثناء الحالات التالية: البيع والتفرغ والتفعية والحل والرحن والتأمين
والفسخ والشطب والتقال الملكية والإستمرار (أي بدء وتجديد والهاء وفسخ عقد الإدارة الحرة) ونقل مركز الشركة:
وتعديل النظام وتخفيض رأس المال... تصديق الإذاعة التجارية والحصول على إفادات وصور طبق الأصل مصدقة من قلم
السجل التجاري — لجميع المعاملات الجمركة ضمن حرم المنطقة الجمركة الحرة فقط —

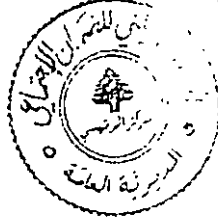
بناء على أحكام المادتين الأولى والثانية من القانون رقم ٢٤ / ٨٢ الصادر بتاريخ ٣ / ٨ / ١٩٨٢، المتعلقةتين بوجوب الحصول على
براءة ذمة من الصندوق والحالات التي يجب إبرازها تحت طائلة وجوب الإمتناع عن إجراء المعاملة في الحالة للعنية من قبل المرجع
المختص.

وبالإستناد إلى الطلب المقدم من قبل beytek s.a.l (off shore

المتن - جل الديب - الشارع الرئيسي

بتاريخ ٢٨/٠٣/٢٠٢٢ والمسجل تحت الرقم ٥٦٧٣

وبالإستناد إلى إفادتي كل من رئيس مصلحة الإشتراكات ورئيس مصلحة الخاسية في الصندوق، ومع الإحتفاظ بنتائج المراقبة التي تجريها
إدارة الصندوق وفقاً لأحكام المادة ٧٧ ضمان وما يليها.



لذلك يفيد المدير العام للصندوق،

أن beytek s.a.l (off shore

المتن - جل الديب - الشارع الرئيسي

المسجلة في الصندوق تحت الرقم ٢٢-٨٣-٠٠٠٢٣٨٥

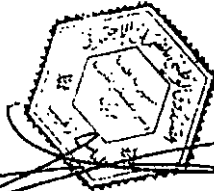
هي برينة الذمة تجاه الصندوق من أي دين حتى تاريخ ٢٠٢٢/٢

وإستناداً إلى قيود الصندوق لغاية تاريخه،

إن هذه البراءة، لا تحول دون حق الصندوق في الإستدراك وتصلح لمدة سنة واحدة إعتباراً من تاريخه وتصبح لاغية حكماً بعد إنتهاء
عن المدير العام

رئيس مصلحة براءة الذمة المركزية

الأمين زغب



(١) براءة الذمة المحصورة نهائياً فقط للحالات المذكورة مسجراً.
- هذه البراءة مفعلة من تاريخ الإصدار بالإستناد إلى المادة ٢٧ من قانون الضمان الإجتماعي
ملاحظة: رقم التسجيل في وزارة المالية: ٣٤٦٠٩٦٨