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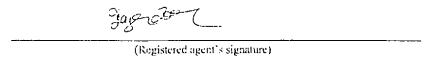
TO:	Registration Se Division of Co				
SHRI	ECT: HEDIFY	ENC			
		Name of	curporation	- must include satītx	· · · · · · · · · · · · · · · · · · ·
Dear S	ar or Madam;				
"Certi	ficate of Existens		f Good Stand	Authorization to Transact Img" and check are submi is in Florida.	
Please	return all correso	e adence conserving	g leis water	to the following:	
Dever	ah Abramov				
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PERF	P STEIN & ASSO	CIATES			
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			City/State ar	nd Zip code	
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For tu	rther information	concerning this ma	ucr, please c	a!!:	
DEVORAH ABRAMOV		850	9551010 Daytime Telepho		
	Name of Perso	Pf)	Area Code	Daytime Telepho	ne Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Fallahassee, F1, 32303		:	Registration Sec Division of Con P.O. Box 6327	MAHLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please	make cheek payah	the following narous latter FLORIDA DES \$18,78.75 F. ling Certificate of	FARTMENT Fee &	OF STAPE I \$78.75 Filmg Fee & Centified Copy	S\$7.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLOREDA

IN COMPLIANCE WITH SECTION 607-1563, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	orporation; must include "ENCORPORATED," "Gorp." "Inc," "Co," or "Corp.")	COMPAN': " "CORPORATION,"	
Al'asas canacail	able in Christe and relevant, compared approximate	pted for the purpose of transacting business in Florida)	
(State or count)	3. 93 ry under the law of which it is incorporated)	(FEI number, if applicable)	
07.012.00000			
(Date	of incorporation)	(Date of duration, if other than perpetual)	-
	(Date first transacted business in Fi		_
251 1ST ST, BR	(SEE SECTIONS 607.1501 & 607.1502. GOKLYN, NY 11215 (Principal office)	Tay, to determine pointing tradingy	
	(Principal office)	treet address)	- 25
			2
	(Current mailing a	dress, if different)	_ U
		VO:: 11.	ယ
Name and stre	et address of Fiorida registered agent: (P.O. B	ox <u>NOT</u> acceptable)	3
Name:	Veorp Agent Services, Inc.	-	ŧ.
ffice Address:	1200 South Pige Island Road		32
	Plantation (City)	Florida 33324	

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.



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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS							
□Chaitman	Name: ASSAF HENKIN	回Chairman	Name: ERIK SHANI Name: 251 IST ST Address: 251 IST ST				
□Vice Chairman	Address. 251 IST ST	El Vice Chairman					
Director	BROOKLYN, NY 1)215	E Director	BROOKLYN, NY 11215				
©President		□President					
□Vice President		€ Vice President					
□ Secretary	□ Treasurer	□ Secretary	☐ Treasurer				
□Other	CEO	□Other	Other				
Elc'harman	Name. ADI ELIMELECH	□Chairman	Name: HAIM SADGER				
□ Vice Chairman	Address 25! 1ST ST	□Vice Chairman	Address: 251 1ST ST				
Director	BROOKLYN, NY 11215		BROOKLYN, NY 11215				
□President		□President					
□Vice President		□Vice President					
□ Secretary	C) Freasurer	□ Secretary	□Treasurer				
□Other	□Other	IBOther	□Other				
□ Chairman	Name:AYALA PETERBURG	□Chairman	Name				
	251 1ST ST Address:	□Vice Chainnan	Address:				
(FV) (ce Chanman	BROOKLYN, NY 11215	□ Director	Address.				
∰!tresident		□President					
□ Vice President		□Vice President					
∐Secretary	∐Treasurer	□Secretary	[]Treasurer				
[]Other		C)Other					
Important Source. Use an attachment to report more than dix (6). The attachment will be imaged for reporting purposes only. Non-indexed main ideals may be added to the index when f.Ving year Florida Department of State Annual Report form. 1. Star (**LUA: IU.**) 2. Signature of Director or Officer							
12	Signature of Director o	r 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 8.817.155. F.S.							

ASSAF HENKIN, CEO



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

DELAWARE, DO HEREBY CERTIFY "JEDIFY 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 TWELFTH DAY OF NOVEMBER, A.D. 2024.

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

AND I DO HERESY FURTHER CERTIFY THAT THE SAID "JEDIFY INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF JUNE, A.D. 2023.

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

Authentication: 204847600

Date: 11-12-24

7518193 8300 SR# 20244183322

You may verify this certificate online at corp.dela vare.gov/authver.shtml