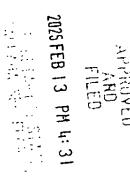
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K. Brumble

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE 2/13/25				**WALK IN**
ENTITY NAME Courier N	letwork Inc.			
DOCUMENT NUMBER				
	**PLEASE FILE THE ATT	ACHED AND RETUR	<i>₩*</i> *	
	Plain Copy			
$\times \times \times \times \times \times$	Certified Copy			
	Certificate of Status			
P:	LEASE OBTAIN THE FOLLOW	ING FOR THE ABOV	IE ENTITY	
	Certified Copy of Arts & Amen			
	Certified Copy of Arts & Amen	dments Complete File (Including Annual Reports	")
	Certificate of Status			
	Certificate of Status Reflecting	·		-
	APOSTILLE' / NOTAK	PHAL CERTIFICATI	TON	
COUNTRY OF DESTINATION	N			
NUMBER OF CERTIFICATE	S REQUESTED			
TOTAL OWED \$ 78.7	S above number for any iss	ACCOUNT # 120 United Corporate Services, Inc.	140000108 Keith	Hepparl
Please call Tina at the	above number for any iss	ues or concerns.	Thank you so mu	ich!

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.

(Enter name of c	ork Inc. orporation: must include "INCORPORATED,"	"COMPANY	" "CORPORATION.	41 4	
	Corp." "Inc." "Co." or "Corp.")				
(If name unavails	able in Florida, enter alternate corporate name a			business in Florida)	
2. New York		3. US FEIN 13-3354022			
(State or countr	y under the law of which it is incorporated)		(FEI number, if app	licable)	
4. June 19th, 19	986 5.		of duration, if other th		
(Date	of incorporation)	(Date	of duration, if other th	an perpetual)	
6. 5/1/2022					
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior 02, F.S., to dete	r to registration) rmine penalty liability	·)	
7, 100 Biscayne	Blvd., Suite 800, Miami, FL 33132				
	(Principal offic	e <u>street</u> addres	5)		
	(Current mailing	g address, if diff	erent)		
				707	,
8. Name and stree	t address of Florida registered agent: (P.O.	. Box <u>NOT</u> ac	ceptable)		1
Name:	United Corporate Services, Inc.			1-10 G] - 끄>>.
Office Address:	3458 Lakeshore Drive				
	Tallahassee	, Florida	32312	1	<u>.</u>
	(City)		(Zip code)		. ວ
9. Registered age	nt's accentance:			· · · · -	
Havine been name	ed as registered agent and to accept service	e of process fo	or the above stated c	orporation at the pla	ice ,
designated in this	application, I hereby accept the appointme amply with the provisions of all statutes re	ent as register lative to the ni	ed agent and agree coner and complete t	to act in this capacity nerformance of my d	y. I Iuties.
juriner agree io co and I am familiar	with and accept the obligations of my post	ition as registe	ered agent.	perger	
-	·				
-	Michael A. Bass President				
	(Registered agent's sig	nature)			

16. 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];

□ Chairman Name: Elazar Grinstein □ Vice Chairman Address: 720 NE 62nd St. Unit 413, Miami, FL 33138 □ Director	⊠Chairman □Vice Chairman	Name: Ken Allen
	□Vice Chairman	
☑Director		Address: Parklaan 211, 3090 Overijse, Belgiun
	☑Director	
☑President	President	
□Vice President	□Vice President	
⊘ Secretary ⊘ Treasurer	☐ Secretary	Treasurer
□Other □Other	□Other	Other
□Chairman Name: Philippe Grinstein	□ Chairman	Name:
□Vice Chairman Address: 234 Washington Ave, Unit O, Miarin Beach, FL 33139	☐Vice Chairman	Address:
☑Director	Director	
□President	President	
□Vice President	□Vice President	
☐Secretary ☐Treasurer	Secretary	Treasurer
Ø0ther <u>COO</u> □0ther	Other	Other
□Chairman Name: Lili Almog	□Chairman	Name:
□Vice Chairman Address: 720 NE 62nd St, Unit 413, Miami, FL 331	38 □Vice Chairman	Address:
⊘ 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 individuals may be added to the index when filing your Florida Depu	e attachment will be imaged artment of State Annual Rej	l for reporting purposes only. Non-indexed port form.
12 Signature of Direct	etor or Officer	
The officer or director signing this document (and who is listed in m		

13. Elazar Grinstein, President, Courier Network Inc.

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:

COURIER NETWORK INC.

DOS ID Number:

1091931

Entity Type:

DOMESTIC BUSINESS CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

06/19/1986

Statement Status:

CURRENT

Statement Due Date:

06/30/2026

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on February 13, 2025 at 10:33 A.M.

Brandon C Hylan

WALTER T. MOSLEY Secretary of State

BRENDAN C. HUGHES

Executive Deputy Secretary of State

Authentication Number: 100007468811 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov