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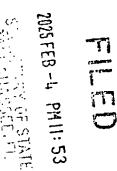
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: OLIGO SECURITY, INC.	
Name of corp	oration - must include suffix
Dear Sir or Madam:	
	ion for Authorization to Transact Business in Florida," od Standing" and check are submitted to register the business in Florida.
Please return all correspondence concerning this	s matter to the following:
DEVORAH ABRAMOV	
N	ame of Person
PHILIP STEIN & ASSOCIATES	
Fir	m/Company
POB 41454	
	Address
JERUSALEM, ISRAEL 91454	
City	/State and Zip code
CORPORATE@PSTEIN.COM	
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter,	please call:
DEVORAH ABRAMOV at 1	6 9951040
Name of Person Ar	rea Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, F1. 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPAR \$\Boxed{\text{\$\subseteq}}\$ \$70.00 Filing Fee	& □ \$78.75 Filing Fee & □ \$87.50 Filing Fee.

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.

Name: Veorp Agent Services, Inc.	OLIGO SECUR				
Common to the law of which it is incorporated (FEI number, if applicable)			," "COMPANY," "CORPORATION,"		
(State or country under the law of which it is incorporated) 12/27/2022 (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1111B S GOVERNORS AVE STE 2169, DOVER, DE 19904 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Veorp Agent Services, Inc. 1200 South Pine Island Road Plantation Plantation Florida (City) Registered agent's acceptance: aving been named as registered ugent and to accept service of process for the above stated corporation at the estimated in this application, I hereby accept the appointment as registered agent and agree to acci in this earther agree to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligations of my position as registered agent.	(If name unavaile	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)		
(Date of incorporation) (Date of incorporation, if other than perpetual) (City) (City and if prior to registered address, if other penalty liability) (City and if prior to registered address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Veorp Agent Services, Inc. Plantation (City) (City) Registered agent's acceptance: aving been named us registered ugent and to accept service of process for the above stated corporation at the signated in this application, I hereby accept the appointment as registered agent and agree to cit in this entire agree to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligations of my position as registered agent.	Delaware	3.			
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) IIIIB S GOVERNORS AVE STE 2169, DOVER, DE 19964 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Veorp Agent Services, Inc. 1200 South Pine Island Road Plantation , Florida 33324 (City) Registered agent's acceptance: aving been named us registered ugent and to accept service of process for the above stated corporation at the signated in this application. I hereby accept the appointment as registered agent and agree to act in this earther agree to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligations of my position as registered agent.	(State or country	y under the law of which it is incorporated)	(FEI number, it applicable)	_	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1111B S GOVERNORS AVE STE 2169, DOVER, DE 19904 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Veorp Agent Services, Inc. 1200 South Pine Island Road Plantation , Florida 33324 (City) Registered agent's acceptance: aving been named us registered ugent and to accept service of process for the above stated corporation at the signated in this application. I hereby accept the appointment as registered agent and agree to act in this earther agree to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligations of my position as registered agent.	12/27/2022	5.	PERPETUAL		
(Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Veorp Agent Services, Inc. 1200 South Pine Island Road Plantation Plantation (City) Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this service agent and accept the obligations of my position as registered agent.	(Date of incorporation)		(Date of duration, if other than perpetual)		
(Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Veorp Agent Services, Inc. 1200 South Pine Island Road Plantation Plantation Florida (City) Registered agent's acceptance: aving been named us registered agent and to accept service of process for the above stated corporation at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this current agree to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligations of my position as registered agent.		(SEE SECTIONS 607.1301 & 607.1	1502, P.S., to determine penany naturny)	-	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Veorp Agent Services, Inc.	11110 3 007130			_	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Veorp Agent Services, Inc.		,			
Plantation (City) Registered agent's acceptance: laving been named as registered agent and to accept service of process for the above stated corporation at the esignated in this application, I hereby accept the appointment as registered agent and agree to act in this curther agree to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligations of my position as registered agent.		(Current mail)	ing address, if different)	•	
Plantation Florida 33324 (City) (Zip code) Registered agent's acceptance: laving been named as registered agent and to accept service of process for the above stated corporation at the esignated in this application. I hereby accept the appointment as registered agent and agree to act in this extreme agree to comply with the provisions of all statutes relative to the proper and complete performance of the statutes are familiar with and accept the obligations of my position as registered agent.			O. Box NOT acceptable)		
Plantation , Florida 33324 (City) (Zip code) Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the esignated in this application, I hereby accept the appointment as registered agent and agree to act in this event agree to comply with the provisions of all statutes relative to the proper and complete performance of the I am familiar with and accept the obligations of my position as registered agent.		1200 South Pine Island Road			
Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the esignated in this application. I hereby accept the appointment as registered agent and agree to act in this cultifier agree to comply with the provisions of all statutes relative to the proper and complete performance of the lam familiar with and accept the obligations of my position as registered agent.		Plantation	, Florida ³³³²⁴		
laving been named as registered agent and to accept service of process for the above stated corporation of the esignated in this application. I hereby accept the appointment as registered agent and agree to act in this court in this court in the proper and complete performance of the proper and complete performance of the familiar with and accept the obligations of my position as registered agent.		(City)	(Zip code)		
	laving been nam esignated in this urther agree to co	ed us registered ugent and to accept serv application, I hereby accept the appoint omply with the provisions of all statutes is with and accept the obligations of my po-	tment as registered agent and agree to act in this expression to the proper and complete performance of notition as registered agent.	acity. ny du	
(Registered agent's signature)	_	(Registered agent's s	signature)	,	

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							
□Chairman	Name: Naday Czerninski	□Chairman	Name: Yaniv Nashlesky				
□Vice Chairman	Address: Address:	□Vice Chairman	Address:				
□Director	STE 2169	□Director	STE 2169				
□President	DOVER, DE 19904	□President	DOVER, DE 19904				
□Vice President		□Vice President					
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer				
■Other CEO		Other CFO	Other				
			M2				
□Chairman	Name:	□ Chairman	Name: Mike O'Malley				
□Vice Chairman	Address. 1111B S GOVERNORS AVE	□Vice Chairman	Address: HIIB S GOVERNORS AVE				
□Director	STE 2169	□Director	STE 2169				
□President	DOVER, DE 19904	□President	DOVER, DE 19904				
□Vice President		□Vice President					
Secretary	☐Treasurer	□Secretary	□Treasurer				
□Other	(7ther	■Other CMO	□Other				
	Spir Dinchae		Avchalom Hilu				
□Chairman	Name:	□Chairman	Name: Avshalom Hilu 1111B S GOVERNORS AVE				
□ Vice Chairman	Address:	□ Vice Chairman	Address.				
□Director	STE 2169	□Director	STE 2169				
□President	DOVER, DE 19904	□President	DOVER, DE 19904				
■ Vice President		□Vice President					
☐ Secretary	☐Treasurer	☐Secretary:	□Treasurer				
□Other	Other	Other	□Other				
Important Notice individuals may be	Use an attachment to report more than six (6) The at added to the index when filing your Florida Depart	ttachment will be image ment of State Annual Re	d for reporting purposes only. Non-indexed				
	2 /	~ 1					
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.							
13 Nadav Czerninski							

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OLIGO 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 TWENTY-FIFTH DAY OF NOVEMBER, 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 "OLIGO SECURITY, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF DECEMBER, A.D. 2022.

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

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

7208161 8300 SR# 20244304106 Authentication: 204958595

Date: 11-25-24