A19000103

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000103697 3)))

H19000103697 3ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
2019 MAR 28 P 8:50

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

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

2019 MAR 28 P 2:17

FLORIDA/FOREIGN LP/LLLP

A.S.P Founder Toom LP

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$1,052.50

FILE 1st BEFORE H19000103715 3 as Part 1 of a 1-2

Electronic Filing Menu Corporate Filing Menu Help

3/29/19 Qs

CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP

2019 MAR 28 P 8:50

1. A.S.P Founder TOOM LP
(Name of Limited Partnership or Limited Liability Limited Partnership, *which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.*

2. 19D HABARZEL STREET, TEL AVIV Israel 6971025
(Street address of initial designated office)

3. NRAI Services, Inc.
(Name of Registered Agent for Service of Process)

4. 1200 South Pine Island Road
(Florida street address for Registered Agent)

Plantation, FL 33324

5. *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.*

Stephanie Henez Assistant Secretary

Signature of Registered Agent

6. 19D HABARZEL STREET, TEL AVIV Israel 6971025
(Mailing address of initial designated office)

7. If limited partnership elects to be a limited liability limited partnership, check box ☐.

8. Name and business address of each general partner:

Name:	Business Address:
Altshuler Shaham Properties LTD., LLC	19D HABARZEL STREET
	TEL AVIV Israel 6971025

2019 MAR 28 P 8:50

9. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this _____ day of March, 2019

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are 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.

Altshuler Shaham Properties LTD.,

By: _____

Eyal Zur, CFO Daniel Gerzberg director

Filing Fees:	**$1,000.00** ($965 Filing Fee and $35 Registered Agent Fee)
Certified Copy (optional):	**$52.50**
Certificate of Status (optional):	**$8.75**