

L10000071194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FILED
2010 JUL -2 PM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUL 6, 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 21, 2010

GAL BEN-DAVID / BIT
16840 NE 19 AVE.
MIAMI, FL 33162

SUBJECT: DOR-BET LIMITED, LLC
Ref. Number: W10000029518

We have received your document for DOR-BET LIMITED, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "LIMITED." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 310A00015206

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Dor-Bet Limited

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gal Ben-David

Name of Person

BIT

Firm/Company

16840 NE 19 Avenue

Address

Mmi FL 33162

City/State and Zip Code

gal@bryantintegrated.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shay Ben-David

Name of Person

at (305) 405-4001

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Dor-Bet LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gal Ben-David

Name of Person

Firm/Company

16840 NE 19 Avenue

Address

Miami FL 33162

City/State and Zip Code

gal@bryantintegrated.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gal Ben-David

Name of Person

at (305) 405-4001

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Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Dor-Bet LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

16840 NE 19 Avenue

Miami FL 33162

Mailing Address:

16840 NE 19 Avenue

Miami FL 33162

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Gal Ben-David

Name

16840 NE 19 Avenue

Florida street address (P.O. Box **NOT** acceptable)

Miami

FL 33162

City, State, and Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2010 JUL -2 PM 05:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE IV- Manager(s) or Managing Member(s):

2010 JUL -2 PM 3: 00

The name and address of each Manager or Managing Member is as follows:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Gal Ben-David

16840 NE 19 Avenue

Miami FL 33162

MGRM

Shay Ben-David

16840 NE 19 Avenue

Miami FL 33162

MGRM

Ran Ben-David

16840 NE 19 Avenue

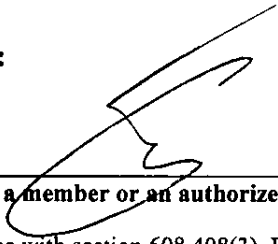
Miami FL 33162

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Gal Ben-David

Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)