Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

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From:

Account Name

: BLUMBERG/EXCELSIOR CORPORATE

Account Number : 075350000353

Phone

: (212)431-5000

Fax Number

: (212)431-1441

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

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FLORIDA LIMITED LIABILITY CO. Y & H PROPERTIES, LLC

Certificate of Status	0
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Page Count	01
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Electronic Filing Menu

Corporate Filing Menu



February 13, 2013

FLORIDA DEPARTMENT OF STATE

BLUMBERG/EXCELSIOR CORPORATE SERVICES

SUBJECT: TESHUVA MANAGEMENT LLC

REF: W13000008983

We received your electronically transmitted document. Rowever, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return 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) 245-6051.

Leslie Sellers Regulatory Specialist II FAX Aud. #: E13000031019 Letter Number: 713A00003571

RECEIVED

13 FEB 13 PH 12: 40
SECKETARY OF STATE
ALLAHASSEE. FLORIDA

ARTICLES OF ORGANIZATION FOR FL	ODENA I IRA	3	T WATER	terik z esk	
ARTICLE I - Name: The name of the Limited Liability Company is:	AJRIDA LIM	i i eid	LIABIL	Π¥Œ	MPANY
Teshuva Management LLC					
(Must end with the words "Limited Liabil	ity Company, "L.L.	C.," or "I	LC.')	•	•
ARTICLE II - Address: The mailing address and street address of the pr	incipal office o	f the L	imited L	iability (Company is
Principal Office Address:	Mailing Add	ress;	. :		
9201 Collins Avenue	5513 12th Avenue		<u>.</u> :	: : ;	<u>.</u>
Suite 1025	Suite 100	-		<u> </u>	<u> </u>
Surfeide, FL 33154	Brooklyn, NY 11	219			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)					
The name and the Florida street address of the r	egistered agent	are:	,		•
Dalit Teshuha			-	i i	.*

Name		- ; ; . :
e, Suite 1025		
da street address (P.O	Box NO	cacceptable)
FL , 33	31 <u>54</u>	
City, State, and Z	in	
	e, Suite 1025 da street address (P.O FL , 3:	e, Suite 1025 da street address (P.O. Box NO

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.

X

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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Filing Fees:

Title:	Mana and A				
"MGR" = Manager	Name and Ad	idress:			
"MGRM" = Managing Member		•			
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"MGRM"	Oalit Teshuba	: : .			
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NGRM	Yoram J. Teshuba	1			
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REQUIRED SIGNATURE: x Signature of a men	•	1			r.
REQUIRED SIGNATURE: **Signature of a men (In accordance with	section 608.408(3), Fiorid	a Statut	es, the exe	cution	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)