

L14000140531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

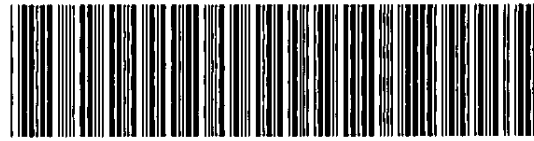
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATION  
FILED  
14 SEP -8 AM 9:24  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

SEP - 9 2014

T. HAMPTON

FILINGS, INC. TERESA ROMAN

(Requestor's Name)

2805 LITTLE DEAL ROAD

(Address)

TALLAHASSEE, FLORIDA 32308

385-6735

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. EFRAAT 1 LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in    
  Pick up time 2.05    
  Certified Copy  
 Mail out    
 Will wait    
 Photocopy    
 Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION**

OF

Efrat 1, LLC

**ARTICLE I - NAME**

The name of this Limited Liability Company is Efrat 1, LLC.

**ARTICLE II - DURATION**

The period of duration of this Limited Liability Company shall be perpetual from the date of the issuance of a Certificate of Organization from the State of Florida.

**ARTICLE III - PRINCIPAL OFFICE / MAILING ADDRESS**

The principal place of business shall be:

129 St. Marks Place  
Brooklyn, NY 11217

and the mailing address of this Company is:

129 St. Marks Place  
Brooklyn, NY 11217

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**ARTICLE IV - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of this Limited Liability Company is 3732 Northwest 16<sup>th</sup> Street, Fort Lauderdale, Florida 33311 and the name of the initial Registered Agent of this Limited Liability Company at that address is Filings, Inc. a Florida Corporation.

**ARTICLE V - MEMBERS**

This Limited Liability Company has two Members whose names and addresses are:

Ian Efrat  
129 St. Marks Place, Brooklyn, NY 11217

Shulamit Efrat  
129 St. Marks Place, Brooklyn, NY 11217

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No additional Members shall be admitted to this Limited Liability Company unless all Members, including any additional Members, other than original Members, shall unanimously agree, and on such terms and conditions as shall be agreed unanimously.

The death, retirement, resignation, expulsion, bankruptcy or dissolution of any Member, or the occurrence of any event which terminates the continued membership of a Member of this Limited Liability Company, shall terminate this Company, unless, the remaining Members shall unanimously agree to continue the business of the Company, in which event, this Company shall not so terminate.

**ARTICLE VI - MANAGEMENT**

The management of this Limited Liability Company is reserved to the Members of the Company, in proportion to their contributions to the capital of this Limited Liability Company. The power to adopt, alter, amend or repeal the regulations of this Limited Liability Company shall be vested in the Members of the Company.

The Manager as appointed by the Members or the Managers as appointed by the Members of this Limited Liability Company shall be authorized to manage and control

this Limited Liability Company. The authority of the Manager or Managers to bind this Limited Liability Company may be subject to limitations as provided in the Operating Agreement of this Company. Unless earlier reaffirmed, revised, revoked or cancelled by the Members of this Limited Liability Company, this Authority shall be cancelled 5 years from the date of the issuance of a Certificate of Organization from the Secretary of State of the State of Florida.

The name and address of the Manager is:

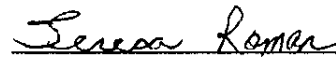
Stav Efrat  
129 St. Marks Place, Brooklyn, NY 11217

IN WITNESS WHEREOF, the undersigned Organizer has executed these Articles of Organization on the date of signing.

Dated: September 8, 2014

Filings, Inc.

By Teresa Roman, Vice-President



Authorized Representative  
of a Member

Certificate designating place of business or domicile for the service of process within Florida, naming agent upon whom process may be served.

In compliance with section 605.0201, Florida Statutes, the following is submitted:

First that, Efrat 1, LLC desiring to organize or qualify under the law of the State of Florida, has named Filings, Inc., a Florida corporation, located at 3732 Northwest 16<sup>th</sup> Street, Fort Lauderdale, Florida 33311 as its agent to accept process of service within Florida.

Dated: September 8, 2014

Filings, Inc.

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By Teresa Roman, Vice-President

Teresa Roman  
Authorized Representative  
of a Member

Having been named to accept process of service for the above stated Limited Liability Company, at the place designated in this certificate, I hereby 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.

Dated: September 8, 2014

President

Filings, Inc.  
By Teresa Roman, Vice-

Teresa Roman

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