

L201900382876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

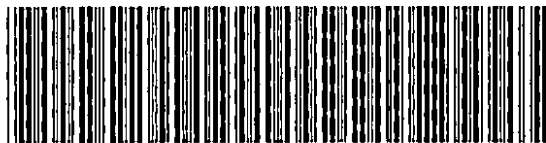
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Florida Department of State
Division of Corporations
Attn: Jessica A Fason, Regulatory Specialist II

October 30, 2020

Subject: Hallandale Homes LLC
Ref. Number: W20000123074

After speaking to a department of state agent over the phone (on October 30th 2020) and understanding what the options are, we have decided to abandon the filing of the conversion and leaving **HALLANDALE HOMES INC** inactive and dissolved. (Document number P19000020284).

We would like to file articles of organization for **HALLANDALE HOMES LLC** as a new LLC .

The articles of organization for Florida LLC were included in our prior package and are retained in your office.

Please use those articles and the payment of \$150 we submitted towards the new application.

PLEASE NOTE THAT THE ADDRESS FOR CORRESPONDANCE CONCERING THIS MATTER IS:

ODED KUPTCHIK

3605 BROKENWOODS DRIVE, CORAL SPRINGS, FL 33065

EMAIL: LFEINC1@GMAIL.COM TEL: (754)777-8696

The address above was entered in your system as 3506 BROKENWOODS DRIVE (Please have it corrected).

Thank you,

Meir Cohen, President of Hallandale Homes Inc, Member of Hallandale Homes LLC

Bracha Feiner VP of Hallandale Homes Inc

Ephraim Kaufman Member of Hallandale Homes LLC

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: HALLANDALE HOMES LLC
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

ODED KUPTCHIK
(Contact Person)

(Firm/Company)

3605 BROKENWOODS DRIVE
(Address)

CORAL SPRINGS, FL 33065
(City, State and Zip Code)

LFEINC1@GMAIL.COM
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

ODED KUPTCHIK at (754) 777-8696
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

- \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)
- \$155.00 Filing Fees and Certificate of Status
- \$180.00 Filing Fees and Certified Copy
- \$185.00 Filing Fees, Certified Copy, and Certificate of Status

Mailing Address:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HALLANDALE HOMES LLC

(Must contain 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:

1001 N FEDERAL HWY

SUITE 308

HALLANDALE BEACH, FL 33009

Mailing Address:

1001 N FEDERAL HWY

SUITE 308

HALLANDALE BEACH, FL 33009

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:

MEIR M COHEN

Name

1001 N FEDERAL HWY SUITE 308

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

HALLANDALE BEACH


FL 33009

City

Zip

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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 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

MEIR M COHEN

1001 N FEDERAL HWY SUITE 308

HALLANDALE, FL 33009

AMBR

EPHRAIM B KAUFMAN

3031 NW 95TH AVE

CORAL SPRINGS, FL 33065

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

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REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am 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.

MEIR M COHEN

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)