

M23000009031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

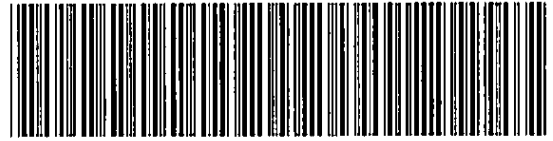
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 APR 17 AM 10:23
TALLAHASSEE, FL

APR 10 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEGVAN GP LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Darrin R Schutt

Name of Person

Schutt Law Firm PA

Firm/Company

12601 New Brittany Boulevard

Address

Fort Myers, Florida 33907

City/State and Zip Code

darrin.schutt@schuttlaw.com

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

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TALLHASSEE, FL

For further information concerning this matter, please call:

Darrin R. Schutt

239

540-7007

Name of Contact Person

at ()

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Megvan GP LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)
3. 32-0653001 (FEI number, if applicable)

4. February 1, 2023
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1423 SE 10th Street, Suite 1 (Street Address of Principal Office)
6. 1423 SE 10th Street, Suite 1 (Mailing Address)
Cape Coral, Florida 33990 Cape Coral, Florida 33990

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COMMISSIONER OF REVENUE

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Darrin R Schutt, Esq.
Office Address: 12601 New Brittany Boulevard
Fort Myers, Florida 33907
(City) (Zip code)

Registered agent's acceptance:
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 application, 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.

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Name and Address:

Manager Name: GUY DANNY DIVERSE

Member Address: INVESTMENTS LTD

Authorized Ephraim Katzir 7 Hod

Person Hasharon, Israel

Other _____ Other _____

Title or Capacity: Name and Address:

Manager Name: Dany Saad

Member Address: 1423 SE 10th Street, Suite 1

Authorized Cape Coral, Florida 33990

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

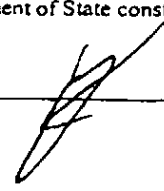
Other _____ Other _____

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 MISSISSAUGA, ONTARIO

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.



 Signature of an authorized person
 Dany Saad

 Typed or printed name of signer

Delaware

The First State


Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEGVAN GP LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEGVAN GP LLC" WAS FORMED ON THE THIRTIETH DAY OF MARCH, A.D. 2021.

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SECRETARY OF STATE
DELAWARE




Jeffrey W. Bullock, Secretary of State

5731850 8300

SR# 20230669312

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202777881

Date: 02-23-23



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2023

DARRIN R SCHUTT
SCHUTT LAW FIRM PA
12601 NEW BRITTANY BOULEVARD
FORT MYERS, FL 33907 US

SUBJECT: MEGVAN GP LLC
Ref. Number: W23000043053

We have received your document for MEGVAN GP LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 123A00007365

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APR 17 2023