(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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## SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 10-23-17	*WALK	<i>[</i> N**
ENTITY NAME Mirshorim Gold Jacksonville LP	1	····
(Nat Paranet)	· · · · ·	<del></del>
DOCUMENT NUMBER		
**PLEASE FILE THE ATTACHED AND RETURN**		I
Certificate of Status Both, Plase.		,
**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY		
Certified Copy of Arts & Amendments	444 1444 1 44 <del>1444</del> 2	
Certificate of Good Standing		İ
**APOSTILLE' / NOTARIAL CERTIFICATION**		
COUNTRY OF DESTINATION		
TOTAL OWED 1061.25 CHECK # 4163		
Please call Tina at the above number for any issues or concerns. Thank you so mi	ch!	

#### COVER LETTER

Division of Corporations				
SUBJECT: MISHORIM GOLD JACKSONVII	J.E. LP		1	1
SUBJECT: Name of Foreign Limited P.	artnership or Limited	l Liability Limited Partnership	_	i
The enclosed application, certificate of status and partnership to transact business in Florida. Please return all correspondence concerning this		to register a foreign limited partner	ship or limited lia	ıbility limit <mark>e</mark> d
BARAK CARMON				
Contact Person		_		
MISHORIM GOLD JACKSONVILLE, LP				
Firm/Company		_	i	
7001 CRESTWOOD BLVD, SUITE 1208				ļ
Address		<del>-</del>		
BIRMINGHAM, AL 35210				I
City, State and Zip Code	<u>.</u> .	<del>_</del>		
BCARMON@JBCIHOLDINGS.COM				
E-mail address: (to be used for future annual re	port notification)	_		
For further information concerning this matter, p	lease call;			
BARAK CARMON	647 at (	772-8580	i	
Name of Contact Person	Area Code	and Daytime Telephone Number		ŀ
Enclosed is a check for the following amount:				
S1,000.00 Filing Fees S1,008.75 Filing Fee and S35 Registered Agent Fee) S1,008.75 Filing Fees and Certificate of Status		Filing Fees S1,061.25 Filing Feed Copy Certified Copy, and Certificate of Status	l	,
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING AD Registration Se Division of Cor P. O. Box 6327 Tallahassee, FL	ection rporations	WITW TO S	

#### APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

### 1. MISHORIM GOLD JACKSONVILLE, LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

	tnership or limited liability limited partnership proposes to register to tran orida; must contain acceptable suffix.
2 DELAWARE	3. 10-04-2017
State or Country of Formation	Date of Formation
4. Federal Employer Identification Number: 82-31463	396
5. Name of Registered Agent for Service of Process ar	nd Florida Street Address:
MAOZ GOLDSHTEIN	1
4121 CLARICE ESTATES DRIVE	
WINDERMERE, FL 34786	•
of all statutes relative to the proper and complete bef, my position as registered agent.	formatice of my luties, and I am familiar with and accept the obligations
Jo - Congris	ature of Registered Agent
7. Principal Office:	8. Mailing Address:
7. Principal Office: 7001 CRESTWOOD BLVD, SUITE 1208	
7001 CRESTWOOD BLVD, SUITE 1208	8. Mailing Address:
·	8. Mailing Address: 7001 CRESTWOOD BLVD, SUITE 1208
7001 CRESTWOOD BLVD, SUITE 1208	8. Mailing Address: 7001 CRESTWOOD BLVD, SUITE 1208  BIRMINGHAM, AL 35210
7001 CRESTWOOD BLVD, SUITE 1208  BIRMINGHAM, AL 35210  D. If limited partnership is a limited liability limited p	8. Mailing Address: 7001 CRESTWOOD BLVD, SUITE 1208  BIRMINGHAM, AL 35210  partnership, check box.
7001 CRESTWOOD BLVD, SUITE 1208  BIRMINGHAM, AL 35210  D. If limited partnership is a limited liability limited p	8. Mailing Address: 7001 CRESTWOOD BLVD, SUITE 1208  BIRMINGHAM, AL 35210  partnership, check box.   ress of each general partner:
7001 CRESTWOOD BLVD, SUITE 1208  BIRMINGHAM, AL 35210  D. If limited partnership is a limited liability limited partnership liability	8. Mailing Address: 7001 CRESTWOOD BLVD, SUITE 1208  BIRMINGHAM, AL 35210  partnership, check box.   ress of each general partner:  LLC Name of General Partner:
Properties of General Partners:  MISHORIM FLORIDA, Editor of Control of Contr	8. Mailing Address: 7001 CRESTWOOD BLVD, SUITE 1208  BIRMINGHAM, AL 35210  partnership, check box.  ress of each general partner:
D. If limited partnership is a limited liability limited partnership is a limited liability limited partnership office address, and mailing address and office address.  Name of General Partner:  Street Address:  4121 CLARICE ESTATES DRIVE WINDERMERE, FL 34786	8. Mailing Address: 7001 CRESTWOOD BLVD, SUITE 1208  BIRMINGHAM, AL 35210  partnership, check box.   ress of each general partner:  LLC Name of General Partner:
D. If limited partnership is a limited liability limited partnership is a limited liability limited partnership office address, and mailing address Name of General Partner:    MISHORIM FLORIDA, L.	8. Mailing Address:  7001 CRESTWOOD BLVD, SUITE 1208  BIRMINGHAM, AL 35210  partnership, check box.  ress of each general partner:  LLC  Name of General Partner:  E  Street Address:
BIRMINGHAM, AL 35210  D. If limited partnership is a limited liability limited partnership is a limited liabili	8. Mailing Address: 7001 CRESTWOOD BLVD, SUITE 1208  BIRMINGHAM, AL 35210  partnership, check box.   ress of each general partner:  LLC Name of General Partner:

Name of Consul Postage	Number of Community Design			
	Name of General Partner:			
Street Address:	Street Address:		<del></del> -	 1
Mailing Address:	Mailing Address:			
Maning Address.				i
Effective date, if other than the date of filing:  fective date cannot be prior to nor more than 90 days te: If the date inserted in this block does not meet the nument's effective date on the Department of State's r	after the date this document is filed applicable statutory filing requirem ecords.	I by the Florida Depo ents, this date will n	ot be listed	d as the
Attached is a certificate of existence duly authenticat rida Department of State, by the Secretary of State or law of which it is organized.				
gned this 20 day of OCTOBER	$\frac{1}{20}$ 17			
he individual signing this document affirms that the fac abmitted in a document to the Department of State cons Filing Fees: Certified Copy (optional): Certificate of Status (optional):		ided for in s.817.155	5, F.S.	matton
	Page 2 of 2			
			%IT CCT 23	
		: :	\ 0 #J	

# Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MISHORIM GOLD JACKSONVILLE, LP" 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 TWENTIETH DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MISHORIM GOLD JACKSONVILLE, LP" WAS FORMED ON THE TWENTY-NINTH DAY OF SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Page 1

Authentication: 203436646

Date: 10-20-17

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