B1900000108

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	sy/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Document Number)		
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

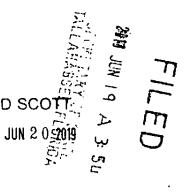




200330996542

05/20/13--01001--004 **2497.50

So the Barrel Colonial Colonia



SUNSHINE CORPORATE FILING OF FLORIDA INC.

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

DATE 6/19/2019					
entity name MI	SHORIM GOLD, L	Р		WALK	// [] =:
				25 Ta	77
DOCUMENT NUME	BER				J
	PLEASE	FILE THE ATT	TACHED AND RETURN	51 Su	
	Plain Copy				
XXXX	Certified Copy				
XXXXX	Certificate of	Status			
		s of Arts & Am	ING FOR THE ABOVE EN vendments	TTY**	
		LE' / NOTAR	RIAL CERTIFICATION*	•	
COUNTRY OF DEST NUMBER OF CERTI	TNATION FICATES REQUESTED	D			
TOTAL OWED ^{\$1} ,	061.25	-	СНЕСК # 6245		
Please call Tina	at the above numbe	er for any is	ssues or concerns, Th	ank you so much!	

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: MISHORIM GOLD LP			
	Partnership or Limited	Liability Limited Partnership	
The enclosed application, certificate of status partnership to transact business in Florida. Please return all correspondence concerning the		o register a foreign limited partner	rship or limited liability limited
BARAK CARMON			
Contact Person		_	71 <u>52</u>
MISHORIM GOLD LP			
Firm/Company			
9378 ARLINGTON EXPRESSWAY, SUITE	319		温温 こ 「
Address			in .
JACKSONVILLE, FL 32225			TALLAHASSEE, FLORM
City, State and Zip Coo	de	_	20,5
BCARMON@JBCIHOLDINGS.COM			<u> </u>
E-mail address: (to be used for future annua	l report notification)	_	
For further information concerning this matter	, please call:		
BARAK CARMON	647	772-8580	
Name of Contact Person		and Daytime Telephone Number	
Enclosed is a check for the following amount:			
S1,000.00 Filing Fees S1,008.75 Filin (\$965 Filing Fee and S35 Registered Agent Fee)		lling Fees S1,061.25 Filing F I Copy Certified Copy, an Certificate of Statu	d
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADI Registration Sec Division of Corp P. O. Box 6327 Tallahassee, FL	tion porations	

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

I. MISHORIM GOLD LP

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

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

Acceptable Limited Liability Limited Partnership suffix	es: Limited Liability Limited Partnership, L.L.L.P. or LLLP.
	rtnership or limited liability limited partnership proposes to register to transact orida; must contain acceptable suffix.
, DELAWARE	3, 1-16-2015
State or Country of Formation	Date of Formation
4. Federal Employer Identification Number: 47-3402	2478
5. Name of Registered Agent for Service of Process a MAOZ GOLDSHTEIN	
4121 CLARICE ESTATES DRIVE	
WINDERMERE, FL 34786	
of all statutes relative to the proper and complete pe my position as registered agent.	and agree to act in this capacity. I further agree to comply with the provisions of the provisions of my duties, and I am familiar with and accept the abligations of the parties of Registered Agent
7. Principal Office:	8. Mailing Address:
9378 ARLINGTON EXPRESSWAY, SUITE 319	9378 ARLINGTON EXPRESSWAY, SUITE 319
JACKSONVILLE. FL 32225	JACKSONVILLE, FL 32225
9. If limited partnership is a limited liability limited 10. Name, principal office address, and mailing add Name of General Partner: MISHORIM FLORIDA,	ress of each general partner:
9378 AREINGTON EXPWY SIT	ITE 319
Street Address: JACKSONVILLE, FL 32225	Street Address:
9378 ADLINCTON EYDWY SI	
Mailing Address: JACKSONVILLE, FL 32225	Mailing Address:
Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:

Name of General Partner;	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's 12. Attached is a certificate of existence duly authentical lorida Department of State, by the Secretary of State of the law of which it is organized. Signed this 18	e applicable statutory liling requirements, this date will not be listed as the records. ated, not more than 90 days prior to the delivery of this application bytes or other official having custody of the entity's records in the jurisdicting tunder.

The individual signing this document affirms that the facts stated herein are true and the individual is aware that 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.

Filing Fees:

\$1,000,00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional): Certificate of Status (optional): \$52.50 \$8.75

Page 2 of 2



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MISHORIM GOLD 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 EIGHTEENTH DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MISHORIM GOLD LP" WAS FORMED ON THE FIFTEENTH DAY OF JANUARY, A.D. 2015.

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

t corp. delaware gov/autl

Authentication: 203044107

Date: 06-18-19

5676547 8300 SR# 20195492664

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