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05/17/04--01061--R09 \*\*125.00

FILED

05/17/04

**M. KEITH MARSHALL, P.A.**

PROFESSIONAL ASSOCIATION  
18305 BISCAYNE BOULEVARD  
SUITE 300  
AVENTURA, FLORIDA 33160

TEL (305) 935-0496  
FAX (305) 935-9542  
E-mail: MARSHALL1231@AOL.COM

May 14, 2004

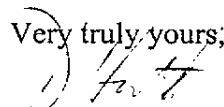
Florida Department of State  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

Dear Sir or Madam:

Enclosed please find Articles of Organization for MYSB, LLC., and check #3120 for \$125.00 to cover the filing fees. Enclosed also please find a return envelop for the Attorney's Copy, and a UPS packet for the stamped articles.

Thank you very much.

Very truly yours;

  
David Hostyk, Paralegal

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MYSB, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shlomo Beno

(Name of Person)

(Firm/Company)

18151 NE 31st Court  
Suite 1117

(Address)

Aventura, FL 33160

(City/State and Zip Code)

For further information concerning this matter, please call:

**M. KEITH MARSHALL**

(Name of Person)

at ( 305- ) 935-0496

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

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

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:  
MYSB, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

18151 NE 31st Court

Suite 1117

Aventura, FL 33160

**Mailing Address:**

18151 NE 31st Court

Suite 1117

Aventura, FL 33160

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

SHLOMO BENO

Name

18151 NE 31st Court - Suite 1117

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

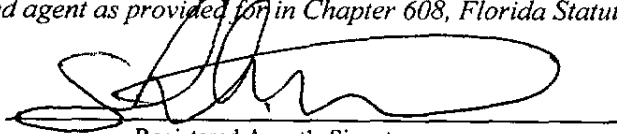
Aventura

FLORIDA

33160

City, State, and Zip

*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 608, Florida Statutes..*



Registered Agent's Signature  
SHLOMO BENO

04/18/17 11:11:50

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

MGRM

**Name and Address:**

SHLOMO BENO

18151 NE 31st Court

Suite 1117

Aventura, FL 33160

MGRM

MEIR YALAZ

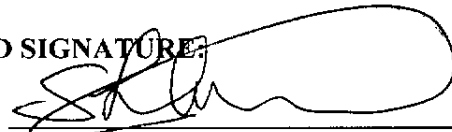
6311 SW 130th Avenue

Davie, FL 33330

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

SHLOMO BENO

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)