# 104000049019

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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Charter Number Only

0 Z L Y

Lindsay 6/21/04

Dunkley + Associate

Requestor's Name

Address 6232A

City State ZIP Phone

THE PASSIFE

### CORPORATION(S) NAME

W.P. Verifier

1)		1 - 1 - 0
beves	hit Investm	nents, LLC
		,
( ) Profit		,
( ) NonProfit	( ) Amendment	( ) Merger
( ) Foreign	( ) Dissolution	( ) Mark
( ) Limited Partnership	( ) Annual Report	Sother LLC
	( ) Reservation	( ) Change of Registered Agent
( ) Certified Copy	( ) Photo Copies	( ) Certificate Under Seal
( ) Call When Ready	( ) Call If Problem	( ) After 4:30
Walk in ( ) Will Wait	( Fick Up	( ) Mail Out
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Availability		
Document	•	••
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Verifier	•	_
Acknowledgment		



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 22, 2004

**EMPIRE** 

TALLAHASSEE, FL

SUBJECT: BERESHIT INVESTMENTS, LLC

Ref. Number: W04000024054

THE PROPERTY OF WHICH

We have received your document for BERESHIT INVESTMENTS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The second page MUST BE SIGNED by a MEMBER or AUTHORIZED REPRESENTATIVE OF A MEMBER.

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) 245-6914.

Buck Kohr Document Specialist

Letter Number: 504A00041304

RECEIVED

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OVISION STATE

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  ARTICLE I - Name: The name of the Limited Liability Company is:	いつ
ARTICLE I - Name: The name of the Limited Liability Company is:  BereshiT Investments, LLC.	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address:  14100 Palmetto Frontage RD.  # 201  miam i Lakes, Fl. 33016  Mailing Address:  14100 Palmetto Frontage RD.  # 201  miam i Lakes, Fl. 33016	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:	
Lindsay Dunkley  14100 Ralmetto Kontage RD. #201  Florida street address (P.O. Box NOT acceptable)  Mitani Lakes  FLORIDA 33016  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 gree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper	

Page 1 of 2 (CONTINUED)

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..

# ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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. (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.) JOSE TESONE

### 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)

Typed or printed name of signee