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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

Division of C			
SUBJECT: NORT	TH AMERICA LAND DE	EVELOPMENT LLC	,
	(Name of Limited	d Liability Company)	
The enclosed Articles	of Organization and fee(s) are so	ubmitted for filing.	
Please return all corre	spondence concerning this matte	er to the following:	
RAZ MEN	IAHEM		
	()	Name of Person)	
			ol olivie
	(Firm/Company)	J. O. S.
503 N O	RLANDO AV. UNIT	203	THEORETARY OF STATE HE
00011.0	112,1130,111	(Address)	
		•	T ORS
COCOA	BEACH ,FL 32931_		
	(City	/State and Zip Code)	75
For further information	on concerning this matter, please	call:	
RAZ MENAHEI	М	at (321) 750 800	4
(Nar	me of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check	for the following amount:		
\$125.00 Filing Fe	e \$\sum \\$130.00 \text{ Filing Fee & Certificate of Status}	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporation Clifton Building	ons

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE, I - Na	me: imited Liability Compa	
	LAND DEVELOPMEN	
(Must end with the word	s "Limited Liability Company,	"Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Ad The mailing addre		the principal office of the Limited Liability Company is:
Principal Office A	Address:	Mailing Address:
503 N. ORLANDO AV	. UNIT 203	503 N. ORLANDO AV. UNIT 203
COCOA BEACH ,FL 3	2931	COCOA BEACH ,FL 32931
		
(The Limited Liability C	legistered Agent, Regi lompany cannot serve as its ow active Florida registration.)	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another Signature:
The name and the		of the registered agent are:
	ESO'INVÉSTMENTS I	LC VIVAR AND
		Name ?
	503 N. ORLANDO A	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	Florida st	reet address (P.O. Box NOT acceptable)
	COCOA BEACH	FL 32931
	City,	State, and Zip
liability compa registered agent a	iny at the place designation and agree to act in this c	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all

registered agent and agree to act in this capacity. I further agree to comply with the provisions of al 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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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" = Ma		
	Managing Member	
MGRM		RAZ MENAHEM
		503 N. ORLANDO AV. UNIT 203
		COCOA BEACH ,FL 32931
MGRM		OPLEA
IVIGRIVI		ORI TAL 503 N. ORLANDO AV. UNIT 203
		COCOA BEACH ,FL 32931
		
		· · · · · · · · · · · · · · · · · · ·
(I lse attachm	unt if necessary)	· · · · · · · · · · · · · · · · · · ·
(Use attachme	ent if necessary)	
		e date of filing: (OPTI
LE V: Effecti	ve date, if other than the	e date of filing: (OPTI) be specific and cannot be more than five busines
LE V: Effecti fective date is	ve date, if other than the	e date of filing: (OPTI be specific and cannot be more than five busines
LE V: Effecti fective date is	ve date, if other than the	e date of filing: (OPTION OF THE CONTROL OF
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LE V: Effecti fective date is days after th	ve date, if other than the slisted, the date must be date of filing.) SIGNATURE:	er or an authorized representative of a member.
LE V: Effecti fective date is days after th	ve date, if other than the slisted, the date must be date of filing.) SIGNATURE: Signature of a member (In accordance with se	er or an authorized representative of a member.
LE V: Effecti fective date is days after th	ve date, if other than the slisted, the date must be date of filing.) SIGNATURE: Signature of a member (In accordance with se	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury
LE V: Effecti fective date is days after th	sisted, the date must be date of filing.) SIGNATURE: Signature of a member of this document constraints.	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)