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COVER LETTER

	Registration Section Division of Corporations
SUBJEC	Shafir & DOLEV
SCHOLC	Name of Limited Liability Company
The enclo	osed Articles of Organization and fee(s) are submitted for filing.
Please ret	turn all correspondence concerning this matter to the following:
	Shoshana Feingold-Studnik Name of Person
	ShafiR & DOLEV Firm/Company
	Firm/Company
	8959 Dickens Av.
	Address
_	Surfside, Fl 33154
	Surfside, Fl 33154 City/State and Zip Code Sfs@cardomanagement. Com E-mail address: (to be used for future annual report notification)
For furthe	er information concerning this matter, please call:
Sho	Sharing Feingold—at (305) 742 6260 Name of Person Strick Area Code & Daytime Telephone Number
Enclosed	l is a check for the following amount:
\$125.00	Filing Fee \$\bigcup \\$130.00 \text{ Filing Fee & Certificate of Status}\$\$ \[\bigcup \\$155.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed) \]
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
ShafiR & (Must end with the words "Limited Liability	DOLEV LLC., Y Company, ""L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the printing address and street address of the printing address.	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8959 Dickons Av. Surfside, Fl 33154	8959 Dickens Av. Surfside, Fl 33154
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	
Shoshana	Feingold-Stable
8959 Dic Florida street address (P.O. F	

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, F.S..

Registered Agent's Signature (REQUIRED)

City, State, and Zip

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:

"MGR" = Manager	r			
"MGRM" = Manag	ging Member			
MGRM		Haim Shafir		
		Rac Yohai 6		
		Rishon dezion	7528	32
1.0011		Israel		
MORM	_	THON DOLEV		
		Hanugay &	70-0	20
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(Use attachment if	necessary)			
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