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(Requestor's Name)		
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE

J. BRYAN

NOV - 9 2010

EXAMINER

November 2, 2010

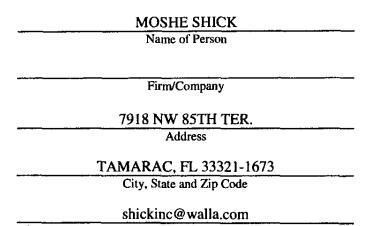
Florida Department of State Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

RE: TOMSHILLC

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:



E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MOSHE SHICK at 954-242-4463

Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee □\$130.00 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)

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

(In compliance with Chapter 608 and/or 621,F.S.)

ARTICLE I - Name:

The name of the Limited Liability Company is:

TOMSHILLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Mailing Address:
7918 NW 85TH TER.
TAMARAC, FL 33321-1673
USA

ARTICLE III - The purpose for which this Limited Liability Company is organized:

Any and all lawful business.

ARTICLE IV - Registered Agent, Registered Office & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration).

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

MU	SHE SHI	CK
· · · · · · · · · · · · · · · · · · ·	Name	
7918 N	W 85TH	TER.
Florida street addre	ss (P.O. Bo	x NOT acceptable)
TAMARAC,	FL	33321-1673
City		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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE V - Manager(s) and/or Managing Member(s):

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

"MGR" = Manager

"MGRM" = Managing Member

Title:	Name and Address:
MGR	SHAKED ZE'EVY
	KIBUTZ ASHDOT YAKOV IHUD, 15155
	ISRAEL
MGR	TOM COHEN
	KIBUTZ ASHDOT YAKOV IHUD, 15155
	ISRAEL
MGR	INBAR ALTER
	KIBUTZ ASHDOT YAKOV IHUD, 15155
	ISRAEL
MGRM	MOSHE SHICK
	7918 NW 85TH TER.
	TAMARAC, FL 33321-1673
	USA

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(Use attachment if necessary)

ARTICLE VI - Effective date, if other than the date of filing:

(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing).

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. I am aware that any 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.)

MOSHE SHICK

Typed or printed name of signee