## L10000120372

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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NOV 1 9 2010 EXAMBLE

## **COVER LETTER**

TO:	Registration Section Division of Corporations	a the second of
.40	· ·	
SURI	ECT: 221 federal hwy Halle	ndale IIc.
50110		ited Liability Company
The er	nclosed Articles of Organization and fee(s) ar	e submitted for filing.
Please	return all correspondence concerning this ma	atter to the following:
	Amos Shachar	
		Name of Person
	***************************************	Firm/Company
		Titta Company
	3672 ne 167st.	
		Address
	M: 11 1 51 00400	
	n. Miami beach, FL. 33160	
		City/State and Zip Code
	amromiami@aol.com	for future annual report notification)
	is-mail address. (to be used	To future annual report nonneagon)
For fu	rther information concerning this matter, plea	se call:
Δmc	os shachar	796 226 2626
<u> </u>	Name of Person	at (786) 326-3636  Area Code & Daytime Telephone Number
	Name of Leison	Area Code & Daytine Telephone Number
Enclo	sed is a check for the following amount:	
		April 55 00 Filing Foo & Dollo 00 Filing Foo
Φ123.U	0 Filing Fee \$\bigs\subseteq \$130.00 Filing Fee &\bigs\cent{Certificate of Status}	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status &
		(additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Address
	Registration Section	Registration Section
	Division of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Com	pany is:	
221 federal hwy Hallenda	ale IIc	
(Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")	***
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Lia	ability Company is:
Principal Office Address:	<b>Mailing Address:</b>	
3672 ne 167st. n. Miami beach . FL, 33160	3672 ne 167st. n. Miami beach, FL. 33160	
	egistered Office, & Registered Agent's own Registered Agent. You must designate an indivi-	
The name and the Florida street address	s of the registered agent are:	<b>2010</b>
Amos shachar		ZOIO NOV 18
	Name	TAR ASSI
3672 ne 167	′st.	
Florida	street address (P.O. Box NOT acceptable)	MIN: 57
n. Miami beach	ո <sub>FL</sub> 33160	
<del></del>	City, State, and Zip	₩
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my position	at and to accept service of process for the content in this certificate, I hereby accept the compactive. I further agree to comply with inplete performance of my duties, and I am as registered agent as provided for in Content in Signature (REQUIRED)	te appointment as the provisions of all n familiar with and
( /		

Page 1 of 2

(CONTINUED)

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

The name and address of each Manager or Managing Member is as follows: NOV 18 AM II: 57

Title: "MGR" = Manager	Name and Address: GEORG IARY OF STALL AHASSEE, F
"MGRM" = Managing Member	. "
mgr	Hava Doron Soferman
<del>.</del>	34 Sokolov st.
	Tel-aviv, 62485 Israel.
mgr	Ron Soferman
	34 Sokolov st.
	Tel-aviv, 62485 Israel.
mgr	Amos Shachar
	3672 ne 167st.
	n. Miami beach. FL, 33160
	he date of filing: (OPTIONAL
0 days after the date of filing.)	be specific and cannot be more than five business days
REQUIRED SIGNATURE:	
Signature of a mem	ber or an authorized representative of a member.
	/ /
constitutes an affirmation und I am aware that any false info	108(408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)

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)

Typed or printed name of signee