Division of Corporations Electronic Filing Cover Sheet

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(((H13000247655 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone : (305)634-3694

Fax Number

: (305)633-9696

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

## FLORIDA LIMITED LIABILITY CO. U.S. HOMELAND LLC

Certificate of Status Certified Copy 04 Page Count Estimated Charge \$155.00

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11/7/2013

EMPIRE CORP





(850) 245-6051.

## **COVER LETTER**

TQ:	Registration Section Division of Corporations					
SUBJE	U.S. HOMELAND LLC					
3020	Name of Limited Liability Company					
The end	closed Articles of Organization and fee(s) are submitted for filing.					
Picase r	eturn all correspondence concerning this matter to the following:					
	MEIR GOLAN					
-	Name of Person					
	U.S. HOMELAND LLC					
Firm/Company						
	6876 SW 15TH STREET					
•	Address					
•	POMPANO BEACH, FL 33068					
•	City/State and Zip Code meirgolan71@gmail.com					
-	E-mail address: (to be used for future enough report notification)					
For fur	ther information concerning this matter, please call:					
1	Meir Golan 954 200-4978					
	Name of Person Area Codo & Daviere Telephone Number					

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## ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE 1 - Name The name of the Lin	e: ited Liability Company is	s:		
0.4	US HOMELAN			
		bility Company, "L.C.," or "LLC.")		
ARTICLE II - Add The mailing address		principal office of the Limited Liabi	lity Company is:	
Principal Office Ad	dress:	Mailing Address:		
6876 SW 15TH STRE POMPANO BEACH, F				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Limite		gnature: SECHELAND NOV		
	MEIR GO	DLAN	A.K.	7
•	Nam		m <sub>S</sub>	ļī
<u>.</u>	6876 SW 15		ELORI FLORI	C
		ddress (F.O. Box NOT acceptable)		
us.	Pompano Sea		, v	
liability company registered agent ar all statutes relatin	as registered agent and to at the place designated in id agree to act in this cape g to the proper and compl	State, and Zip  o accept service of process for the above this certificate, I hereby accept the accept the accept. I further agree to comply with a set performance of my duties, and I aregistered agent as provided for in Callin in Callin (REQUIRED)	appointment as the provisions of ım familiar with	

Page 1 of 2

(CONTINUED)

PAGE 03/04

413000247655

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

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

ĸ	Title:	Name and Address:			
,' ,	"MGR" = Manager "MGRM" = Managing Member				
	MGRM	MEIR GOLAN	_		
	<del></del>	6876 SW 15TH STREET			
		POMPANO BEACH, FL 33068	_		
	MGR	ASAF YOSEF ASHKENAZI			
	,	6876 SW 15TH STREET	_		
	•	POMPANO BEACH, FL 33068	_		
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	(Use attachment if necessary)			35 35	
	CLE V: Effective date, if other than the d				
	effective date is listed, the date must he or 90 days after the date of filing.)	e specific and cannot be more than five bu	isines:	s days	
	REQUIRED SIGNATURE:	1		·	
		NVIZ			
	Signature of a member of	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.)

MEIR GOLAN

Typed or printed name of signee

H13000347625