14000130622

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(B	usiness Entity Nar	ne)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	



11)14-45818



300262642153

07/25/14--01008--020 **155.00

FILTU LANGIA PH 1:45

AUG 2 0 2014 T. BROWN

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: Hayat Realty investments, LLC. Name of Li	mited Liability Company	 ,
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
	Saar Havat	Name of Person	
		Name of Person	
		Firm/Company	
	1471 NW 19th Street Apt. B	Address	·
	Ft. Lauderdale, Fl 33311	City/State and Zip Code	
.sa	narhayat@omail.com B-mail address: (to be use	d for future annual report notifice	ation)
For fur	ther information concerning this matter, ple	ase call:	
<u>Saar H</u>	Name of Person	786) 355-6610 Area Code Daytime Tel	lephone Number
	ed is a check for the following amount: 0 Filing Fee \$\sim\$ \sum \text{\$\sum \text{\$\text{\$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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahasses, PL 3230	ions er Circle



July 25, 2014

SAAR HAYAT HAYAT REALTY, LLC 1471 NW 19TH STREET APT B FORT LAUDERDALE, FL 33311

SUBJECT: HAYAT REALTY, LLC Ref. Number: W14000045818

We have received your document for HAYAT REALTY, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is L14000053655.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 414A00016033

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARICIASOF ORGANIZATION FOR	THORNA CHAILED LANGER I COMM.	UT / 1
ARTICLE I - Name: The name of the Limited Liability Company is:		
The hante of the climited Liability Company is.		TALLAHASS
		55 E m
Hayat Realty investments, LLC		IT G
(Must end with the words "Limited	d Liability Company, "L.L.C.," or "LL	C.") 55 5
A NOTICE TO A LA		Wis: PROPERTY OF THE PROPERTY
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liebility Compan	vie:
The maning address and street address of the principal c	onice of the Limited Maonity Compan	
Principal Office Address:	Mailing Address:	FLORID
1471 NW 19th Street Apt. B	SAME	>
Ft. Lauderdale, Fl 33311		
	 	
(The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.) The name and the Florida street address of the registered Saay Hayat	on.) d agent are:	ë an individual or
Name	e	
1471 NW 19th Street Apt. B	~	
Florida street address (P.O. Bo		
·		
<u>Ft. Lauderdale,</u>	FL 33311	
City	Zip	•
Having been named as registered agent and to accept so the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the olember of the complex of	pt the appointment as registered agent of all statutes relating to the proper an of all statutes relating to the proper an bligations of my position as registered a oter 605, F.S	and agree to act in this d complete performance

(CONTINUED)

Page 1 of 2

	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
Manager	Saar Hayat
•	1471 NW 19th Street Apt. B
	Ft. Lauderdale, Fl 33311
<u>Manager</u>	Ziv Glat Hayat
_	Moshy Nir Yafe 16 DN
	Gilboa Ig210 Israel
Manager	Ell Emnuel Hayat
•	Moshv Nir Yafe 16 DN
	Gilboa Ig210 israel
V: Effective date, if other than the date trive date is listed, the date must be sp	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or
EV: Effective date, if other than the date ctive date is listed, the date must be sp filing.) EVI: Other provisions, if any.	ecific and cannot be more than five business days prior to or
V: Effective date, if other than the date extremely date is listed, the date must be sp filling.) VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or
ctive date is listed, the date must be sp f filing.) VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or
EV: Effective date, if other than the date ctive date is listed, the date must be sp filing.) EVI: Other provisions, if any	ecific and cannot be more than five business days prior to or
CV: Effective date, if other than the date ctive date is listed, the date must be sp filing.) CVI: Other provisions, if any REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor	ecific and cannot be more than five business days prior to or
CV: Effective date, if other than the date ctive date is listed, the date must be sp filing.) EVI: Other provisions, if any EEQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penaltics of perjury that the facts stated herein are true. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
V: Effective date, if other than the date stive date is listed, the date must be sp filing.) VI: Other provisions, if any EQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State

Page 2 of 2