

L150000 65203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

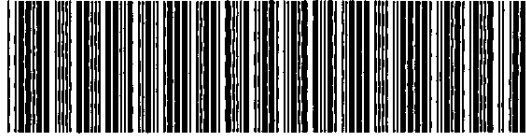
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300271521613

04/08/15--01020--009 **125.00

FILED
15 APR -8 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 27 2015
T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: G&Y Ventures LLC

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:

Juie Harte

Name of Person

Harte & Company Accounting and Tax Services Inc

Firm/Company

9424 Balm Riverview RD

Address

Riverview, FL 33569

City/State and Zip Code

jharte@hartecpa.com

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

For further information concerning this matter, please call:

Juie Harte

Name of Person

at (813) 677-9005

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)

Mailing Address

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Harte & Company
Accounting and Tax Services

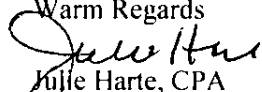
April 5, 2015

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To whom it may concern:

We are attaching the revisions to the G&Y Ventures LLC Filing and kindly request that the State process the paperwork. WE did not receive notification that our application was rejected. Thank you for your help with this matter.

Warm Regards


Julie Harte, CPA
813-677-9005

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

G&Y Ventures LLC

(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:

Principal Office Address:

Mailing Address:

9424 Balm Riverview RD
Riverview, FL 33569

PO Box 1895
Brandon, FL 33509

ARTICLE III - 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:

Julie Harte

Name

9424 Balm Riverview Rd

Florida street address (P.O. Box NOT acceptable)

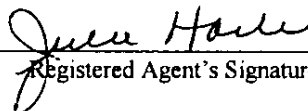
Riverview,

City

FL 33569

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 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
15 APR - 5 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Yuval Shilansky

13 Haleena St

Matan, IS 45858

AMBR

Golan Regev

11/11 Ha-Shavete St

Nes Ziona, IS 74208

(Use attachment if necessary)

ARTICLE V: 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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Yuval Shilansky
Typed or printed name of signee

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)

FILED
15 APR -8 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA