Division of Corporations Electronic Filing Cover Sheet

10786/103086

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000274315 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CORP USA

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.

Maghen Certificate of Status Certified Copy Page Count 04 Estimated Charge \$125.00

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Electronic Filing Menu

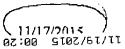
Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

CORPUSA

9696689908





FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: LECHAIM LLC REF: W15000075529

November 18, 2015

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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 appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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) 245-6052.

Jessica A Pason Regulatory Specialist II FAX Aud. #: H15000274315 Letter Number: 915A00024302

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJEC	Magnen David LLC, A Florida Limited Liability Company
\$CD156	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Jonathan S. Trabitz, Esq.
	Name of Person
	Law Offices of Thomas G. Sherman, P.A.
	Firm/Company
	90 Almeria Avenue
	Address
	Coral Gables, FL 33134
	City/State and Zip Code Jonathan@uniontitleservices.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Jonathan S. Trabitz, Esq. 305 448-5898
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00 F	Certificate of Status Certificate of Status (additional copy is enclosed) S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Maghen David LLC, A Florida Limited Liability	Company
(Must end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")
ailing address and streat address of the principal office.	of the Limited Liability Company is:
ailing address and street address of the principal office Principal Office Address:	of the Limited Liability Company is: <u>Mailing Address:</u>
Principal Office Address:	Malling Address:

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

Thomas G. Sherman	1	
	Name	· · · · · · · · · · · · · · · · · · ·
90 Almeria Avenus		
Florida street addres	s (P.O. Box NOT a	sceptable)
Coral Gables	FL	33134
City	Ştatə	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

15 HOV 17 MM 9: 10

	Name and Address:
<u>Title:</u> "AMBR" Authorized Member	TARILE KILL AURIUSS:
"MGR" = Manager	
MGR	Federico Citoni
· · · · · · · · · · · · · · · · · · ·	400 Alton Rd. # 707
	Mismi Beach, FL 33139
MGR	Fernando Sonnino
	400 Alton Rd # 707
	Miami Beach, FL 33139
MGR	Samuel Sed Piazza
	400 Alton Rd # 707
	Miami Beach, FL 33139
	
(Use attachment if necessary)	
TCLE V: Effective date, if other than the date of filing.) If the date is listed, the date must be splate of filing.) If the date inserted in this block does not	pecific and cannot be more than five business days prior to or 90 days aft meet the applicable statutory filing requirements, this date will not be listed
FICLE V: Effective date, if other than the dat n effective date is listed, the date must be splate of filing.)	pecific and cannot be more than five business days prior to or 90 days aft meet the applicable statutory filing requirements, this date will not be listed
TICLE V: Effective date, if other than the date neeffective date is listed, the date must be splate of filing.) E: If the date inserted in this block does not document's effective date on the Department	pecific and cannot be more than five business days prior to or 90 days aft meet the applicable statutory filing requirements, this date will not be listed
FICLE V: Effective date, if other than the date neeffective date is listed, the date must be splate of filing.) E: If the date inserted in this block does not document's effective date on the Department	pecific and cannot be more than five business days prior to or 90 days aft meet the applicable statutory filing requirements, this date will not be listed
FICLE V: Effective date, if other than the dat n effective date is listed, the date must be s late of filing.) E: If the date inserted in this block does not document's effective date on the Department ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a ma This document is execu	pecific and cannot be more than five business days prior to or 90 days aft meet the applicable statutory filing requirements, this date will not be listed

Page 2 of 2

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

15 NOV 17 AH 9: 10

1-1/6000274315 9696669300 00:00 9102/61/11

\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)