

**L16000034095**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.**

((H16000042018 3)))



H160000420183ABCW

**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 : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

16 FEB 18 AM 11:40

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**\*\*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.  
EL-AD Group Florida (20015) III LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 04       |
| Estimated Charge      | \$155.00 |

*02/19/16*

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED  
16 FEB 18 PM 12:24

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: El-Ad Group Florida (2015) III 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:

Osant Yair

Name of Person

El-Ad national properties LLC

Firm/Company

1000 S. Pine Island road, Suite 450

Address

Plantation, Florida, 33324

City/State and Zip Code

OYAIR@ELADNATIONAL.COM

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

For further information concerning this matter, please call:

OSNAT YAIR

954

846-78-00

at ( )

Name of Person

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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

El-Ad Group Florida ( 2015 ) III 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:

1000 S. Pine Island road , Suite 450  
Plantation , Florida 33324

1000 S. Pine Island road , Suite 450  
Plantation , Florida , 33324

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:

NRAI Services, Inc.

Name

1200 S. Pine Island Road

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

Plantation Florida 33324

City

State

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)

**Angel Nunez**  
**Assistant Secretary**

(CONTINUED)

Page 1 of 2

16 FEB 18 AM 11:40

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE IV-**

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

| <u>Title:</u>              | <u>Name and Address:</u>                                                               |
|----------------------------|----------------------------------------------------------------------------------------|
| "AMBR" = Authorized Member |                                                                                        |
| "MOR" = Manager            |                                                                                        |
| <u>Manager</u>             | <u>Arik Bronfman</u><br><u>1000 S. Pine Island road</u><br><u>Plantation, FL 33324</u> |
| <u>CEO</u>                 | <u>Amnon Shtan</u><br><u>1000 S. Pine Island road</u><br><u>Plantation, FL 33324</u>   |
| <u>SEC</u>                 | <u>Arava Mohar</u><br><u>1000 S. Pine Island road</u><br><u>Plantation, FL 33324</u>   |
| <u></u>                    | <u></u>                                                                                |
| <u></u>                    | <u></u>                                                                                |
| <u></u>                    | <u></u>                                                                                |

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

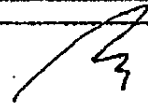
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.817.135, F.S.

Arik Bronfman, MOR/CFO

Typed or printed name of signer

**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)