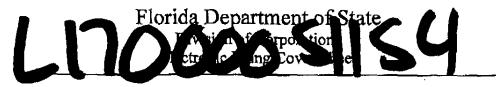
Division of Corporations

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Division of Corporations

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From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067

Fax Number

: (845)425-0077 : (845)818-3588

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FLORIDA LIMITED LIABILITY CO. LHT90 LLC

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(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: 4 Yohanan Bader St. Ramat Gan, Israel 5228601 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: Vector Services, LLC Name 5011 South State Road 7, Suite 106 Florida street address (P.O. Box NOT acceptable) Davie FL 33314 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 perionece of my duties, and I am familiar with and accept the obligations of my position as registered ogent as provided for in Chapter 605, F.S. Registered Agent's Signature (REQUIRED)		ity Company is:			
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PARATED - Auch - feed Re-chan	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Arie Horev
	4 Yohanan Bader St.
	Ramat Gan, Israel 5228601
	
	
	
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