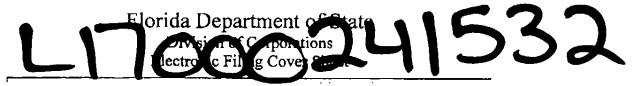
Page 1 of 2



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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845) 425-0077

Fax Number : (845)818-3588

**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. Dynamic Business Financing LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liabili	ty Company is:		•	• *
Dynamic Business F				
(Must end	with the words "Limite	d Liability Company	/. "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	office of the Limited	Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Address	:
4181 NW 1st Ave, S Boca Raton, FL 334			1 NW 1st Ave, Suite 6-1574 a Raton, FL 33431	
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	cannot serve as its own	Registered Agent.	nt's Signature: You must designate an indivi	dual or
The name and the Florida street	address of the registere	d agent are:		17
	Veorp Services, LLC	2		W ROV
		Name	· 	in the second of
5011 South State Road 7, Suite 106				22 P
	Plorida street addres		cceptable)	四里 至
	Davie	FL	33314	
	City	State	Zip	Section 2
Iming keen named on moistaned.	ment and to social sen-	ine of weaper for the		

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

<u>Title:</u> "AMBR" = Authorized Mer	Name and Address:
"MGR" = Manager	01.101
AMBR	Oded Salomy 18 Gamla Street
	Ramat Hasharon 4732245, Israel
	reduced statement 4752240, meter
	
fective date is listed, the date of filing.)	than the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 de
LE.V: Effective date, if other fective date is listed, the date of filing.) If the date inserted in this block	than the date of filing: (OPTIONAL)
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