| 170024                                       | 5237                      |
|--|---------------------------|
| (Requestor's Name)<br>(Address)<br>(Address) | 100306087711              |
| (City/State/Zip/Phone #)                     | 11/∰0/1701002006 **160.00 |
| rtified Copies Certificates of Status        |                           |
| Office Use Only<br>M. MOON<br>NOV 3 0 2017   | had had the               |

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# **SUNSHINE CORPORATE FILING OF FLORIDA INC.**

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE\_11/29/2017

\*\*WALK IN\*\*

ENTITY NAME LIYT LLC

DOCUMENT NUMBER

XXX

XXX

# \*\*PLEASE FILE THE ATTACHED AND RETURN\*\*

\_\_\_\_ Plain Copy \_\_\_\_ Certified Copy \_\_\_\_ Certificate of Status

## \*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\*

|   | Certified Copy of Arts<br>Certificate of Good Sta |                                       | ,<br>1 40429 b |
|---|---|---------------------------------------|----------------|
|   | **APOSTILLE' / N                                  | OTARIAL CERTIFICATION**               | 17: 22 C       |
| COUNTRY OF DESTINAT<br>NUMBER OF CERTIFICAT |   | · · · · · · · · · · · · · · · · · · · |                |
| TOTAL OWED \$160.00                         | )   | снеск #4289                           |                |

Please call Tina at the above number for any issues or concerns. Thank you so much!

### COVER LETTER

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| <b>ТО</b> :     | New Filing Section<br>Division of Corporations   |                  |   |                    |         |
|-----------------|--|------------------|---|--------------------|---------|
| SUBJEC          | LIYT LLC   |                  |   |                    |         |
| SUBJE           | Name of  | Limited Liabil   | іту Сотралу   |                    |         |
| The encl        | osed Articles of Organization and rec(s)   | are submitted    | for filing.   |                    |         |
| Please ru       | tum all correspondence concerning this   | matter to the    | following:  |                    |         |
|                 | LEE PERSHAN  |                  |   |                    |         |
|                 |  | Name of          | Person  |                    |         |
|                 | ROBINSON BROG LEINWAND   | GREENE GEN       | OVESE & GLUCK   |                    |         |
|                 |  | Firm/Co          | impany.   |                    |         |
|                 | 875 Third Avenue   |                  |   |                    |         |
|                 |  | Addr             | ess   |                    |         |
|                 | New York, New York 10022   |                  |   |                    |         |
|                 | lsp@robinsonbrog.com   | City/State an    | d Zip Code  |                    |         |
|                 | E-mail address: (to be u   | sed for future a | annual report notification)   |                    |         |
| For furthe      | r information concerning this matter, ple  | ase call:        |   | iζk                | ,<br>1, |
|                 | Lee Pershan<br>at  | 212              | 603-6355  |                    |         |
|                 | Name of Person   | Area Code        | Daytime Telephone Number  | 6                  |         |
| Enclosed        | is a check for the following amount:   |                  |   | ع<br>ا باط         | -       |
| <b>\$125.00</b> | Filing Fee S130.00 Filing Fee &<br>Certificate of Status   | LlCertiti        | 10 Filing Fee & S160.00 Filing Fee,<br>ed Copy<br>al copy is enclosed) Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) | TY HUY 29 PHIL: JU |         |
|                 | <u>Mailing Address</u><br>New Filing Section<br>Division of Corporations<br>P.O. Box 6327<br>Tullahassee, FL 32314 |                  | Street Address<br>New Filing Section<br>Division of Corporations<br>Clifton Building<br>2661 Executive Center Circle +<br>Tallahassee, FL 32301   |                    |         |

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

#### LIYT LLC

(Must contain 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:                |  |
|------------------------------------|---------------------------------|--|
| 3500 NW Boca Raton Blvd, Suite 717 | 3500 NW Boca Raton Blvd., Suite |  |
| Boca Raton, Florida 33431          | Boca Raton, Florida 33431       |  |

| 3500 NW B   | <u>ca Raton Blvd.</u> | Suite 717 |
|-------------|-----------------------|-----------|
| Boca Raton, | Florida 33431         |           |

### 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:

| Dan Levitin |                  |                            |          |
|-------------|------------------|----------------------------|----------|
|             |                  | Name                       |          |
| 35001       | NW Boca Rate     | m Blvd., Suite 717         |          |
| Florid      | la street addres | s (P.O. Box <u>NOT</u> acc | eptable) |
| Boca I      | Raton            | Florida                    | 33431    |
| )           | 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 l am familiar with and accept the obligations of my pusition as registered agent as provided for in Chapter 605, F.S..

Signature (REQUIRED) Registered Age

(CONTINUED)

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ARTICLE IV-

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

| <u>Title:</u><br>"AMBR" = Authorized Member | Name and Address:                   |
|---|-------------------------------------|
| "MGR" = Manager                             |                                     |
| MGR   | Shai Levitin                        |
| <b>_</b>                                    | 3500 NW Boca Raton Blvd., Suite 717 |
|   | Boca Raton, Florida 33431           |
| MGR   | Eran Levitin                        |
|   | 3500 NW Boca Raton Blvd., Suite 717 |
|   | Boca Raton, Florida 33431           |
| MGR   | Dan Levitin                         |
|   | 3500 NW Boca Raton Blyd., Suite 717 |
|   | Boca Raton, Florida 33431           |
|   |                                     |
| ······································      |                                     |
|   |                                     |
| (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.817.155, F.S. DAN LEVITIN Typed or printed name of signee Filling Frees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent

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

17 NUV 29 PHL: J.