

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L1800000502738

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.

((H180000050273)))



H180000050273ABCX

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 : A.A.ALT, CPA
Account Number : I20000000192
Phone : (407) 298-3900
Fax Number : (407) 298-0660

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: gbrutusa1@hotmail.com

**FLORIDA LIMITED LIABILITY CO.
ERETZ TECHNOLOGY, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

FILED
18 JAN -4 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

JAN 05 2018

X Brumbley

(((H18000005027 3)))

ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ERETZ TECHNOLOGY, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing and street address of the principal office of the Limited Liability Company is:

**1921 PINE NEEDLE TRAIL
KISSIMMEE, FL 34746**

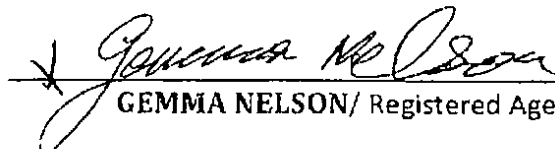
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

**GEMMA NELSON
1921 PINE NEEDLE TRAIL
KISSIMMEE, FL 34746**

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..


GEMMA NELSON/ Registered Agent's Signature

(((H18000005027 3)))

FILED
18 JAN -4 AM 9:12
SECRETARY OF STATE
AT TALLAHASSEE, FLORIDA

(((H18000005027 3)))

ARTICLE IV- Authorized Member(s) or Manager(s):

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

"AMBR" = Authorized Member

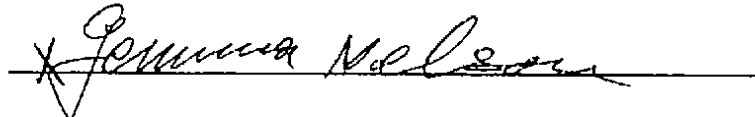
"MGR" = Manager

GEMMA NELSON - Authorized Member
1921 PINE NEEDLE TRAIL
KISSIMMEE, FL 34746

ARTICLE V: Effective date, if other than the date of filing: January 3, 2018

(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.)

REQUIRED SIGNATURE:

A handwritten signature in cursive script, appearing to read "Gemma Nelson", is written over a horizontal line.

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

GEMMA NELSON

Typed or printed name of signee

(((H18000005027 3)))