3052201440

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.

(((H21000085256 3)))



H210000852563ABC\$

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 : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675~5944

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. SHEMESH TRADING LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

ſΠ

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A DOTTON IN I	COMPANY
ARTICLE I - Name:	
The name of the Limited Li	inhii: a
Timted II	lability Company is:
	Shemesh Trading UC
	Shemesh Trading UC
ARTICLE II - Address:	TICHOLNE LILL
The mailing add	J
Company is	reet address of the principal office of the Limited Liability.
company is:	of the Principal office of the Limited Liability
	11119 NW 80LN
	11119 NM 80LN
•	
	- DEPA 22176
	DORAL M 33178
ARTICLE III - Registered Ag	
he name and the Maria	gent, Registered Office:
omogny common some Florida st	reet address of the registered
ith an active Florida maintain	gent, Registered Office: rect address of the registered agent are: (The Limited Liability red Agent. You must designate an individual or another hydrogeness.)
- 1 - S Lass registration.)	rect address of the registered agent are: (The Limites Liability red Agens. You must designate an individual or another business entity
	Eurique Mishagu
	Chaque Mishaan
	11119 NW 80 LN
	Donal A 33178
	DIGHT PT DOI 18
RTICLE IV	
ne name and title of each no	rson authorized to manage and control the Limited
ability Company: (MGR or	AMED)
· -F-mj, (more of)	AULDK)
	ENRYPUR Misham
	ENLIQUE MISHAMI (AMBR)
	(A400 0)
	ITMISKI

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 state: 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.3.

Typed or printed hame of signee

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