

L21000196234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK UP

☐

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☐

MAIL

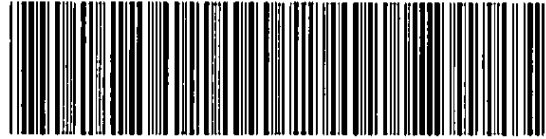
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 MAY -5 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FL 32399

FILED

2021 MAY -5 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FL 32399

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 5/4/2021

PRIORITY Regular Approval

OUR REF.# (Order ID#) 914207

ORDER ENTITY
PALOMINO13 GP LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

PALOMINO13 GP LLC (FL)

Please file the attached articles and provide a certified copy.

NOTES:

\$155.00 Authorized
Email address for annual report reminders: shelems@sundocfilings.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ".

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 MAY -5 AM 10: 03

ARTICLE I - Name:

The name of the Limited Liability Company is:

Palomino13 GP LLC

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

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:

2700 W. Cypress Creek Road
Suite D128
Fort Lauderdale, FL 33309

Mailing Address:

P. O. Box 4175
Fort Lauderdale, FL 33338

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:

Noam Hanoach Avrahami

Name

2700 W. Cypress Creek Road, Suite D128

Florida street address (P.O. Box **NOT** acceptable)

FL. Lauderdale, FL 33309

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 I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

NAH26
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Noam Hanoch Avrahami
2700 W. Cypress Creek Road, Suite D128
Fort Lauderdale, FL 33309

AMBR

Shav Milech
2700 W. Cypress Creek Road, Suite D128
Fort Lauderdale, FL 33309

AMBR

Shav Ativa
2700 W. Cypress Creek Road, Suite D128
Fort Lauderdale, FL 33309

(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:

Naam

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.

Noam Hanoch Avrahami

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FL

2021 MAY -5 AM 10: 03

FILED