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 Florida Department of State
 Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
 GONGOR FL5 LLC.**

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April 7, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: GONGOR FL5 LLC
REF: W22000046615

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Matthew T Moon FAX Aud. #: E22000126635
Regulatory Specialist II Supervisor Letter Number: 122A00008158
New Filing Section

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

GONGOR FL5 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:2425 S. Stearman Dr. #120
Chandler, AZ 85286**Mailing Address:**2425 S. Stearman Dr. #120
Chandler, AZ 85286**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:

Ken Jones LLC

Name

5100 W Hwy 40 Suite 600Florida street address (P.O. Box **NOT** acceptable)OcalaFL34482

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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 MGRMatan Gorodish18 Uri Tsafon St.Elkana Israel 4481400AMBR MGRAdiel Gonen23 Granit St.Sha'arey Tikva Israel 4481000

(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.Matan Gorodish

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)

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