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To:

Division of Corporations

Page: 1 of 3

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

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

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FLORIDA LIMITED LIABILITY CO.

Ein Sof Management LLC

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D. O'KEEFE MAY - 4 2022

Ein Sof Management LLC	
(Must contain the words "Limited Liabil	ty Company, "L.L.C.," or "LLC.")
TICLE II - Address:	
FIGLE II - Address: mailing address and street address of the principal office of the principal office Address:	f the Limited Liability Company is: Mailing Address:
mailing address and street address of the principal office of	

The name and the Florida street address of the registered agent are:

Page: 2 of 3

Vcorp Service	es, LLC	
	Name	
1200 South P	ine Island Road	
Florida street addres	s (P.O. Box <u>NOT</u> a	cceptable)
Plantation, Flo	orida 33324	
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..

> Miriam Nachison Registered Agent's Signature (REQUIRED)

> > (CONTINUED)

Page: 3 of 3

'israel Malamud 4050 NE 45th Avenue Gainsville, Florida 326(99	
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Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

Yisrael Malamud

- \$ 5.00 Certificate of Status (Optional)