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	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	WAIT	MAIL.
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	

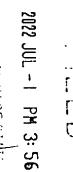
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

INVESTO CONSTRU	JCTION LLC				
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,	*			Art of Inc. File	
				LTD Partnership File	
				Foreign Corp. File	
				L.C. File	
				Trade/Service Mark Merger File	
				Merger File Service Mark	- ;
				425	. -
				Art. of Amend. File	<u>, (T)</u>
			 -	Dissolution/ Withdrawai	1
				Annual Report / Reinstatement	
				Cert. Copy	
				Photo Copy	
				Certificate of Good Standing	_
		N.		Certificate of Status	
				Certificate of Fictitious Name	_
			<u></u>	Corp Record Search	
				Officer Search	
				Fictitious Search	
Signature				Fictitious Owner Search	
				Vehicle Search	
December 13				Driving Record	
Requested by: SETH	06/29			UCC 11 Sparsh	
Name	Date	Time		UCC 11 Search	
Walk-In	Will Pick Up			Courier	

COVER LETTER

TO:

	New Filing Sec Division of Co						
SUBJEC		onstruction LLC					
		Name o	f Limited Li	ability Company		_	
The enclo	sed Articles of	f Organization and fee((s) are submi	tted for filing.			
Please ret	urn all corresp	ondence concerning th	is matter to t	the following:			
	Amy Marie	Vo, Esq.					
		-	Nam	e of Person			_
	St. Johns La	w Group				÷.,	2022
			Firm	VCompany		2::.	الال
	104 Sea Gro	ove Main Street					1 – אחר – ו
			A	ddress	·-		
	St. Augustin	ne, Florida 32080					3: 56
	~ ·		City/State	e and Zip Code			o ,
	avo@sjlawgr			are annual report notifica			_
				ne amuai report notifica	tion)		
For further	information co	oncerning this matter, p	lease call:				
	Amy Vo	a	904 it (495-0400)		_	
	Nam	ne of Person	Area Cod	e Daytime Telepho	ne Number		
Enclosed	is a check for t	he following amount:					
	0 Filing Fee	□\$130.00 Filing For Certificate of Statu	s Ce	\$155.00 Filing Fee & rtified Copy is enclosed)			: &:
	New F Division P.O. B	ng Address Filing Section on of Corporations Box 6327 assec, FL 32314		Street Address New Filing Section I The Centre of Tallal 2415 N. Monroe Str Tallahassee, FL 323	nassee eet, Suite 810		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Investo Constr			
(Mus	st contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and s	treet address of the principal office	of the Limited Liability Company is:	
<u>P</u> :	rincipal Office Address:	Mailing Address:	
TA DOAR 182	26	TA DOAR	
Ramat Gan 52	11702 Israel	Ramat Gan 5211702 Israel	
		 	
(The Limited Liability Cor another business entity wi	ith an active Florida registration.) street address of the registered age Amy M. Vo. Esq.	nt are:	2022 JUL - I
(The Limited Liability Cor another business entity wi	mpany cannot serve as its own Regith an active Florida registration.) street address of the registered age Amy M. Vo. Esq.	istered Agent. You must designate an individual or	2022 JUL - 1 PM
(The Limited Liability Cor another business entity wi	mpany cannot serve as its own Regith an active Florida registration.) street address of the registered age Amy M. Vo. Esq.	nt are:	
(The Limited Liability Cor another business entity wi	mpany cannot serve as its own Regith an active Florida registration.) street address of the registered age Amy M. Vo. Esq. Na 104 Sea Grove Main Stre	nt are:	

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..

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager <u>MGR</u>	Investo Ltd. Ta Doar 1826 Ramat Gan 5211702 Israel	
		2022
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be sp the date of filing.) Note: If the date inserted in this block does not a the document's effective date on the Department	pecific and cannot be more than five be meet the applicable statutory filing requ	usiness days prior to or 90 days after
ARTICLE VI: Other provisions, if any.		
REOUIRED SIGNATURE:		
This document is execu I am aware that any fals	ember or an authorized representative ted in accordance with section 605.020 e information submitted in a document e felony as provided for in s.817.155, F	3 (1) (b), Florida Statutes. to the Department of State

Amy M. Vo. Authorized Representative 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 5.00 Certificate of Status (Optional)