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| <del></del>             | (Requestor's Name)       |
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|                         | (City/State/Zip/Phone #) |
|                         |                          |
| PICK-UP                 | WAIT MAIL                |
|                         |                          |
| <del> </del>            | (Business Entity Name)   |
|                         |                          |
|                         | (Document Number)        |
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|                         |                          |
| Certified Copies        | Certificates of Status   |
|                         |                          |
| Special Instructions to | Filing Officer:          |
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S. CHATHAM AUG 30 2022

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SECRETARY OF STATE DIVISION OF CORPORATION

## COVER LETTER

| TO:           | New Filing S<br>Division of C | Section<br>Corporations               |              |              |  |  |
|---------------|-------------------------------|---------------------------------------|--------------|--------------|--|--|
| CUBU          |                               | ADVISOR CONSTR                        | UCTION       | LLC          |  |  |
| SUBJI         | ECT:                          | Nan                                   | ne of Limite | ed Liabilii  | y Company                                    |  |
| The en        | closed Articles               | of Organization and                   | fec(s) are s | ubmitted     | for filing.                                  |  |
| Please        | return all corre              | spondence concernin                   | g this matte | er to the fo | llowing:                                     |  |
|               | ZAHAVA                        | A ARONOV                              |              |              |  |  |
|               | <del> </del>                  |                                       |              | Name of      | Person                                       |  |
|               | ORB CP                        | A PA                                  |              |              |  |  |
|               |                               |                                       |              | Firm/Cor     | mpany  |  |
|               | 1000 S S                      | TATE RD 7                             |              |              |  |  |
|               |                               |                                       |              | Addre        | ess  |  |
|               | PLANTA                        | ATION, FL. 33317                      |              |              |  |  |
|               |                               |                                       | City         | /State and   | l Zip Code                                   |  |
|               | ANGIBUI                       | LDERSLLC@GMA                          |              |              |  |  |
|               |                               | E-mail address: (to                   | be used fo   | r future a   | nnual report notificati                      | on)  |
| For furt      | her information               | concerning this matte                 | er, please c | all:         |  |  |
|               | GILAD E                       | LYASHUV                               | 850<br>at (  |              | 943-0043                                     |  |
|               | N                             | lame of Person                        |              | a Code       |  |  |
|               |                               |                                       |              |              |  |  |
| Enclos        | sed is a check for            | or the following amou                 | int:         |              |  |  |
| <b>国\$1</b> 2 | 25.00 Filing Fee              | e ☐\$130.00 Filin<br>Certificate of S | tatus        | Certific     | 5.00 Filing Fee & ed Copy is enclosed)       | ☐\$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed |
|               | Ma                            | illing Address                        |              |              | Street Address                               |  |
|               | Ne                            | w Filing Section                      |              |              | New Filing Section D                         |  |
|               |                               | vision of Corporations  D. Box 6327   | 5            |              | The Centre of Tallaha<br>2415 N. Monroe Stre |  |
|               |                               | llahassee, FL 32314                   |              |              | Tallahassee, FL 3230                         | 3  |

## **CORPORATE**

When you need ACCESS to the world

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INC.

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

|                  |                             | WALKIN                |
|------------------|-----------------------------|-----------------------|
|                  | PICK UI                     | P: <u>8/29 Glinda</u> |
|                  | CERTIFIED COPY              |                       |
| XX               | РНОТОСОРУ                   |                       |
|                  | CUS                         |                       |
| xx               | FILING                      | LLC                   |
| 1.               | HOME ADVISOR CO             |                       |
| 2.               | (CORPORATE NAME AND DOCUMEN | Γ#)                   |
| 3.               | (CORPORATE NAME AND DOCUMEN | T #)                  |
| 4.               | (CORPORATE NAME AND DOCUMEN | T #)                  |
| 5.               | (CORPORATE NAME AND DOCUMEN | T#)                   |
| 6.               | (CORPORATE NAME AND DOCUMEN | T #)                  |
| SPECIA<br>INSTRU | AL<br>UCTIONS:              |                       |
|                  |                             |                       |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

|   | SOR CONSTRUCTION LLC  |  |  |   |
|---|---|--|--|---|
| (Mus  | st contain the words "Limited Liab  | bility Company, "  | L.L.C.," or "LLC.")  |   |
| ARTICLE II - Address:<br>The mailing address and st   | reet address of the principal office  | e of the Limited t   | Liability Company is:                                      |   |
| <u>P</u>  | rincipal Office Address:  |  | Mailing Address:   |   |
| 5116 E 122ND  |   |  | E 122ND AVE  |   |
| TEMPLE TER  | RACE FL 33617   | TEM  | PLE TERRACE FL 33617                                       |   |
| <del> </del>  | · · · · · · · · · · · · · · · · · · ·   |  | <del></del> <del>_</del> _                                 |   |
|   | ed Agent, Registered Office, & F  | Registered Agent   | t's Signature:   |   |
| CTE - I bestand I be biller A.  |   |  |  |   |
|   |   |  | ou must designate an individual o                          | r   |
| another business entity wi  | mpany cannot serve as its own Req<br>th an active Florida registration.)  | gistered Agent. Y  |  | DIN 2   |
| another business entity wi  | mpany cannot serve as its own Rep   | gistered Agent. Y  |  | 81<br>22  |
| another business entity wi  | mpany cannot serve as its own Repth an active Florida registration.) street address of the registered against GILAD ELYASHUV  | gistered Agent. Y  |  | SECRE<br>DIVISION<br>22 AUG   |
| another business entity wi  | mpany cannot serve as its own Repth an active Florida registration.) street address of the registered against GILAD ELYASHUV  | gistered Agent. Y  |  | 81<br>22  |
| another business entity wi  | mpany cannot serve as its own Repth an active Florida registration.)  street address of the registered age  GILAD ELYASHUV  No.  5116 E 122ND AVE   | gistered Agent. Y<br>ent are:  | ou must designate an individual o                          | SECRE LAKING INVISION OF CO.  |
| another business entity wi  | mpany cannot serve as its own Repth an active Florida registration.)  street address of the registered against GILAD ELYASHUV No  | gistered Agent. Y<br>ent are:  | ou must designate an individual o                          | SECRE LAKE OF CORPO   |
| another business entity wi  | mpany cannot serve as its own Repth an active Florida registration.)  street address of the registered age  GILAD ELYASHUV  No.  5116 E 122ND AVE   | gistered Agent. Y<br>ent are:  | ou must designate an individual o                          | SECRE LAKT OF CORPORATE DIVISION OF CORPORATE AND 29 PM 3:                                  |
| another business entity wi  | mpany cannot serve as its own Repth an active Florida registration.)  street address of the registered age  GILAD ELYASHUV  No.  5116 E 122ND AVE  Florida street address (P.)  | gistered Agent. Y ent are: ame   | ou must designate an individual o                          | SECRE LAKE OF CORPO   |
| another business entity wi The name and the Florida Having been named as regis place designated in this cert.   | mpany cannot serve as its own Registration.)  street address of the registered age  GILAD ELYASHUV  No.  5116 E 122ND AVE  Florida street address (P  TEMPLE TERRACE  City  stered agent and to accept service of ificate, I hereby accept the appoint                      | gistered Agent. Y ent are:  ame  O. Box NOT ac  FL  State  of process for the inent as registered.   | ceptable)  33617  Zip  above stated limited liability comp | SECRE LAK OF CORPORATIONS DIVISION OF CORPORATIONS 22 AUG 29 PM 3: 45 any at the pacity.    |
| another business entity wi<br>The name and the Florida<br>Having been named as regis<br>place designated in this cent<br>further agree to comply with | mpany cannot serve as its own Registration.)  street address of the registered age  GILAD ELYASHUV  No.  5116 E 122ND AVE  Florida street address (P  TEMPLE TERRACE  City  stered agent and to accept service of the appoint of the provisions of all statutes relations.) | gistered Agent. Y ent are:  ame  O. Box NOT ac  FL  State  of process for the inent as registered ing to the proper of the prope | ceptable)  33617  Zip  above stated limited liability comp | SECRE LAKE OF CORPORATIONS DIVISION OF CORPORATIONS 22 AUG 29 PM 3: 45 any at the ouciny. I |

(CONTINUED)

# ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager <u>AMBR</u> 5116 E 122ND AVE (Use attachment if necessary) \_. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: \_\_\_ (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: CERLAL

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.

GILAD ELYASHUV

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)