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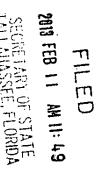
(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

Gershon Investments LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Steve Levy	
Name of Person	
Gilman Ciocia	
Firm/Company	
2875 NE 191st Street Suite 601	
Address	
Aventura, FL 33180	
City/State and Zip Code	
steven.levy@gtax.com	
E-mail address: (to be used for future annual report notification)	
mation concerning this matter, please call:	

For further infor

Name of Person

Area Code & Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

■ \$125.00 Filing Fee

□ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Gershon Investments LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company)	
(If name unavailable, enter alternate name adopted for the purpose of transacting but consent of the managers or managing members adopting the alternate name. The alt Company," "L.L.C," "LLC.")	
₂ Delaware 3 3716679	508
(Jurisdiction under the law of which foreign limited liability (F company is organized)	El number, if applicable)
4. 03/15/2012 5. Per Control (Dute of Organization)	ar limited liability company will cease to
6. 03/15/2012	•
(Date first transacted business in Florida, if prior to reg (See sections 608.501 & 608.502 F.S. to determine pena	istration.) Ity liability)
7. 2875 NE 191st Street Suite 601	
Aventura, FL 33180 (Street Address of Principal Office	INSSEE INSSEE
8. If limited liability company is a manager-managed company, check	FES.
9. The name and usual business addresses of the managing members $\frac{1}{2}$	or managers are as follows:
Ronen Ofer Gershon 2875 NE 191st Street Suite 6	01 Aventura FL 33180
10. Attached is an original certificate of existence, no more than 90 days old, duly auth the jurisdiction under the law of which it is organized. (A photocopy is not acceptable translation of the certificate under oath of the translator must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in F	orida. Real Estate Investments
11. Nature of business of purposes to be conducted of promoted in 11	
	 ·
Signature of a member or an authorized represe	
(In accordance with section 608.408(3), F.S., the execution of this docume penalties of perjury that the facts stated herein are true. I am aware that document to the Department of State constitutes a third degree felo	any false information submitted in a

Ronen Ofer Gershon

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The name	of the	Limited	Liability	Company	is
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Gershon Investments LLC

If unavailable, the alternate to be used in the state of Florida is:

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

Ronen Ofer Gershon

(Name)

2875 NE 191st Street Suite 601

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Aventura

.. 33180

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 608, Florida Statutes.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GERSHON INVESTMENTS LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF JANUARY, A.D. 2013.

5124132 8300

130093172

AUTHENTY CATION: 0171320

DATE: 01-25-13

You may verify this certificate online at corp.delaware.gov/authver.shtml