

M146000006187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

M14-50549

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08/11/14--01034--001 **35.00

08/14/14--01009--030 **155.00

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2014 AUG 25 PM 4: 51
DEPT. OF STATE
FILLMORE FLOWERS

AUG 29 2014
D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 19, 2014

T R LAXMAN
T TR THE TAXMAN INC
9858 CLINT MOORE RD, SUITE C111-131
BOCA RATON, FL 33496

SUBJECT: DVCOM LIMITED LIABILITY COMPANY
Ref. Number: W14000050549

We have received your document for DVCOM LIMITED LIABILITY COMPANY and your check(s) totaling \$35.00. However, the document has not been filed and is being retained in this office for the following:

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$120.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 714A00017743

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TALLAHASSEE, FLORIDA

TR The Taxman Inc.
Tax and Business Services

9858 Clint Moore Rd., Ste. C-111-131, Boca Raton, FL 33496

Tel: 561 404 3057 - Email: tr@trthetaxman.net

August 05, 2014

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

Ref: DVCOM Limited Liability Company

Sub: Application for Foriegn Limited Liability Company

Please find attached the application for the above company.

A check for \$ 155.00 attached.

Would appreciate your early processing.

Lawman B

T R Laxman
T R The Taxman Inc
Reg. Agent for the company

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 AUG 25 PM 4:51

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Experience Integrity Expertise

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DVCOM Limited Liability Company

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:

T R Laxman

Name of Person

T R The Taxman Inc

Firm/Company

9858 Clint Moore Rd, Suite C111-131

Address

Boca Raton, FL 33496

City/State and Zip Code

tr@trthetaxman.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

T R Laxman

Name of Contact Person

at (**561**) **404 3057**

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. DVCOM Limited Liability Company

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Israel

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FEI number, if applicable)

4. NA

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. Lazarov 33

Rishon Le Zion, Israel

(Street Address of Principal Office)

6. 9858 Clint Moore Rd., Suite C111-131

Boca Raton, FL 33496

(Mailing Address)

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CLERK OF THE
DEPARTMENT OF
STATE
TALLAHASSEE, FLORIDA


7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Zeev Goldenberg, Consultant and Manager

20283 State Rd. 7, Suite 300

Boca Raton, FL 33498

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)


08.06.2014

Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Zeev Goldenberg

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

DVCOM Limited Liability Company

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:

T R The Taxman Inc

(Name)

9858 Clint Moore Rd., Suite C111-131

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

Boca Raton

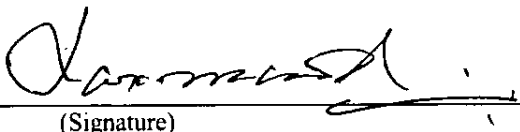
FL

33496

City/State/Zip

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SUITE C111-131
BOCA RATON
FLORIDA

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, Florida Statutes.



(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

Form no. 6

Serial No. 100/14

CERTIFICATION OF TRANSLATION

I the undersigned BOAZ NUS
(full name)

Notary at Address: Kedoshei Kahir 23 St Holon
hereby declare that I am well acquainted with the
Hebrew and English languages and that the document
attached to this certification
marked A is a correct
(letter or number)

translation into English
(language of translation)

of ☒ the original document / ☐ certified copy of the
original document / ☐ a document that is not the
original document nor a certified copy of the original
document*

drawn up in the Hebrew
language, which has been produced to me, and ☒ is
also attached herewith/ ☐ a photocopy of which is
also attached herewith** and marked A
(letter or number)

In witness whereof I certify the correctness of the said
translation by my signature and seal.

This day 23.7.14

Fees paid: 245 NIS including VAT

Notary's Seal and Signature

*mark the appropriate option; if marked "a document that is
not original document nor a certified copy of the original
document", you may indicate that the document was
received by facsimile or that it is an uncertified photocopy
of a document or a similar indication.

** marked the appropriate option.



טופס מס' 6

מס' סידורי 100/14

אישור תרגום

אני הח"מ בוז נוס
(השם המלא)

נוטריון ב - כתובת : קדושי קהיר 23 חולון מצהיר בזה,
כי אני שולט היטב בשפות העברית ו - האנגלית וכי
המסמך המצורף
לאישור זה והמסומן A
(באות או במספר)

הוא תרגום מדויק ל אנגלית
(שפת התרגום)

של ☒ המסמך המקורי / ☐ העתק מאושר של המסמך
המקורי / ☐ מסמך שאינו המסמך המקורי או העתק
מאושר שלו

הערוך בשפה עברית שהוצג לפני
ואשר ☒ הוא/ ☐ העתק צילומי שלו ** מצורף גם
הוא לאישורי זה ומסומן A
(באות או במספר)

ולראיה אני מאשר את דיוק התרגום האמור בחתימת ידי
ובחותמי.

היום 23.7.14

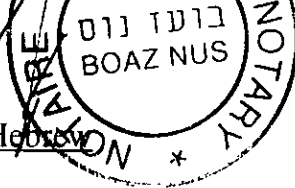
שכרי בסך 245 ש"ח כולל מע"מ, שולם.



* ציין את החלופה המתאימה; ציין "מסמך שאינו המסמך
המקורי או העתק מאושר שלו"
אם נתקבל בפקסימיליה או שהוא צילום
מקד וכדומה.

אימה.

Translated from Hebrew



Adv. Boaz Nus License 7746
03-03-2010
RECEIVED / TRUE COPY
(signature)

STATE OF ISRAEL

MINISTRY OF JUSTICE

REGISTRAR OF COMPANIES

Companies Law of 1999

CERTIFICATE
OF INCORPORATION OF COMPANY

This is to certify that

DVCOM LTD.

**was incorporated and registered under the Companies Law
as a limited liability company.**

03/03/2010

Company No. 514416361

Advocate Assi Malki

on behalf of the Registrar of Companies (signature)

Seal: Israel, Ministry of Justice, Registrar of Companies



מדינת ישראל

חוק החברות, התשנ"ט 1999-

תעודת התאגדות של חברה

זאת התעודה כי

דיויקום בע"מ
DVCOM LTD

נתאגדה ונרשמה על פי חוק החברות כחברה בערבון מוגבל

03/03/2010
י"ז אדר תש"ע

מס' חברה 514416361

