M14000008153

| (Re | equestor's Name) | |
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| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | ; #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| W14-61 | 46956 | |

Office Use Only



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2014 NOV 10 P 3: 58
SECRETARY OF STATE
TALL/HASSEE FLORIDA

B. BOSTICK
NOV 1 3 2014
FXAMMED

COVER LETTER

| | istration Section ision of Corporations | | | | | | |
|-------------------------------|--|--|---|--|---|----------------------|-------|
| SUBJECT: | Shefa Or | | | | | | |
| | | Name of Limited | Liability Company | | | | |
| The enclosed Existence, an | "Application by Foreign Lim d check are submitted to regis | ited Liability Comp ter the above retere | any for Authorization need foreign limited | n to Transact Busine liability company to | ss in Florida," Certi transact business in | ticate of Florida | |
| Please return | all correspondence concerning | g this matter to the | following: | | | | |
| | RON | LEV_ | Mana Sume of Person | nell gr | nbey | | |
| | Shefa | OR, | LLC m/Company | | | | |
| | 12 HAMA | SI St. | | | | | |
| ļ | | | Address | | | | |
| | GAN YAVNE Levronny@e | 70800 |), ISA | RAEL | | | |
| | - | City/Sta | te and Zip Code | | | | |
| | Levronnye | fmail, co | M | | | | |
| | E-mai | address: (to be used | for future annual repor | t notification) | | | |
| Por further in | formation concerning this ma | ter, please call: | | | 25 25 25 25 25 25 25 25 25 25 25 25 25 2 | | gang: |
| M | Name of Contact | z. <i>N.O</i> Person | at (HO7 Area Code | 557-316 Daytime Telephon | ne Number | 01 ACN 1182 | |
| Divi Regi P.O. | FLING ADDRESS: sion of Corporations istration Section Box 6327 ahassee, FL 32314 | Division Registrat Clifton E 2661 Exc | r ADDRESS: of Corporations ion Section building secutive Center Circle see, FL 32301 | | E.FLORIZA | F0 :# C7 | |
| Enclosed is | | g amount: 00 Filing Fee & ficate of Status | ☐ \$155.00 Filing F Certified Copy | | Filing Fee, Certifica & Certified Copy | aie | |

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

| - 1 | N COMPLIANCE WITH SECTION 000.0902, PLORIDA STATUTES, THE PULLOWING IS SUBMITTED TO REGISTER A SOBERCIAL LINGUED LINDIE FEW COMBANIC OF TO ANICACTE DE PONICOS IN THE STATISTICS FOR DATE AS |
|--------|--|
| 1 | OREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: |
| Į | Shefu Cy LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LIC.") |
| į | Shefa Or 2011 LLC |
| | f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited inbility Company." "L.L.C," or "LLC.") |
| 2 | Arizona 3.45-3145366 |
| | (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) |
| 4 | • |
| | (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) |
| S | 3227 E CORRINE DR. |
| | PHOENIX, AZ 85032 (Street Address of Principal Office) |
| | (Street Address of Principal Office) |
| 6 | 3227 E CORRINE DR |
| | PHOENIX, AZ 85032 |
| | (Mailing Address) |
| 1 | The name, title or capacity and address of the person(s) who has/have authority to manage is/are |
| | Ron Lev, Managing Hember |
| | 2 Hanasi st. |
| ! | |
| _ | Gan-Yarne, 70500, ISRAEL |
| h a | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official aving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not ceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator ust be submitted) |
| | Rolls |
| | Signature of an authorized person accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated horein are true. I |
| 01 | n aware that any false information submitted in a document to the Department of State constitutes a third degree follows as provided for in a 817.155, F.S.) |
| | RON LEV |
| | 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: |
|---|
| SHEFA OR LLC |
| If unavailable, the alternate to be used in the state of Florida is: SHEFA OR 2011 LLC |
| 2. The name and the Florida street address of the registered agent and office are: |
| Allegiant management Group, Inc |
| 803 Verona Street Florida Street Address (P.O. BOX NOT ACCEPTABLE) |
| Kissimmee, FL 34741 |
| |

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.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

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STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Jodi A. Jerich, Executive Director of the Arizona Corporation Commission, do hereby certify that

SHEFA OR LLC

a domestic limited liability company organized under the laws of the State of Arizona, did organize on the 19th day of August 2011.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said limited liability company is not administratively dissolved for failure to comply with the provisions of A.R.S. section 29-601 et seq., the Arizona Limited Liability Company Act; and that the said limited liability company has not filed Articles of Termination as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenia, the Oapital, this 8th Day of November, 2014, A. D.



John A. Jerich, Executive Director

1145920





FLORIDA DEPARTMENT OF STATE Division of Corporations

October 23, 2014

RON LEV 12 HANASI STREET GANYAVNE, ISRAEL, 70800

SUBJECT: SHEFA OR LLC Ref. Number: W14000064628 TALLAHASSEE, FLORIDA

We have received your document for SHEFA OR LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Barbara Bostick Regulatory Specialist II

Letter Number: 914A00022793