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M. MILLIGAN EXAMINER

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. EL-AD MELROS (Name of Fo	E ON THE BAY LLC reign Limited Liability Company; must in	clude "Limited Liability Company," "L.L.C.," or	"LLC.")	_
		transacting business in Florida. The alternate nam		Limited
Liability Company," "L.L.C	C," or "LLC,")	The state of the s	in man moracy ,	200000
2. Delaware	2. Delaware 3, 41-2152390			
(Jurisdiction under the lay company is organized)	v of which foreign limited liability	(FBI number, if applicable)		
. 4. Upon Filing				
	(Date first transacted business in	Florida, if prior to registration.) 5, F.S. to determine penalty liability)	· 28	ਲੋ
5, 1000 S. Pine Island R		s, r.o. to determine permity manney)		
			• } #	
Plantation, Florida 33:			<i>(2)</i>	2 7
1000 S. Dina Iniand D.	(Street Address of Princ	ipal Office)		
6. 1000 S. Pine Island Ro	980, Suite 450		7-10	E L
Plantation, Florida 333	324			$\dot{\gamma}$
*	(Mailing Addr	033)		ي تــ
7. Name and street address	ss of Florida registered agent: (P.O. B	ox NOT acceptable)	•	
	NRAI Services, Inc.			
Name:				
Office Address:	1200 South Pine Island Road			
	Plantation	, Florida 33324 (Zip code)		
	(City)	(Zip code)		
designated in this applicate to complywith the provision	gistered agent and to accept service of tion, I hereby accept the appointment	f process for the above stated limited liability as registered agent and agree to act in this er and complete performance of my duties, [OND P. Complete performance of my duties, gont's signature), has/have authority to manage is/are.	capacity, I furn and I am famili	ther agree
	(Rogistered	gent's signature),		
8. The name, title or cana	city and address of the person(s) who	has/have authority to manage is/are	· • • •	
	5 Madison Avenue, 22nd Floor, New		•	
		· · · · · · · · · · · · · · · · · · ·		
Arik Dioliman, Manager,	1000 S. Pine Island Road, Suite 450,	rialitation, FL 33324		
Amnon Safran, Manager,	1000 S. Pine Island Road, Suite 450, F	lantation, FL 33324		
9. Attached is a certificate of jurisdiction under the law of the translator must be sul	f which it is organized. (If the certifica	, duly authenticated by the official having cu ate is in a foreign language, a translation of the	stody of records se certificate und	in the der oath
•	Signature of and	othorized person		
This document is executed is submitted in a document to	in accordance with section 605.0203 (1 the Department of State constitutes a th	.) (b), Florida Statutes. I am aware that any fa aird degree felony as provided for in s.817.15	alse information 55, F.S.	
	-	Bronfman		
-	Typed or printed i	name of signee		



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

DELAWARE, DO HEREBY CERTIFY "EL-AD MELROSE ON THE BAY 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-FIRST DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EL-AD MELROSE ON THE BAY LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JANUARY, A.D. 2016.

16 JAN 21 PH 2: 46

Authentication: 201708489

Date: 01-21-16