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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

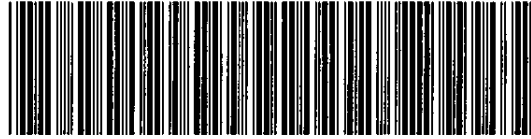
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TALLAHASSEE, FLORIDA

JAN 29 2016
J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVE
2016 JAN 29 PM 3:08
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TALLAHASSEE, FLORIDA

January 19, 2016

BENJAMIN SHABTAI
846 LINCOLN RD, 6TH FLOOR
MIAMI BEACH, FL 33139

SUBJECT: DI MODOLO INTERNATIONAL, LLC
Ref. Number: W16000003429

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for DI MODOLO INTERNATIONAL, 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):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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: 316A00001123

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DI MODOLO INTERNATIONAL, 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:

BENJAMIN SHABTAI

Name of Person

DI MODOLO INTERNATIONAL, LLC

Firm/Company

846 LINCOLN ROAD, 6TH FLOOR

Address

MIAMI BEACH, FLORIDA 33139

City/State and Zip Code

DSHARMAT@AOL.COM

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

For further information concerning this matter, please call:

JAMES I. KRAMER, CPA

at (305)

670-2320

Name of Contact 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

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TALLAHASSEE, FLORIDA

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. DI MODELO INTERNATIONAL LLC

(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. NEW YORK STATE

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

3. 13-4121066

(FEI number, if applicable)

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

5. 846 LINCOLN ROAD, 6TH FLOOR

MIAMI BEACH, FLORIDA 33139

(Street Address of Principal Office)

6. 846 LINCOLN ROAD, 6TH FLOOR

MIAMI BEACH, FLORIDA 33139

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: DONA SHARMAT

Office Address: 846 LINCOLN ROAD, 6TH FLOOR

MIAMI BEACH, Florida 33139

(City)

(Zip code)

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TALLAHASSEE, FLORIDA

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Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and
accept the obligations of my position as registered agent.

(Registered agent's signature)

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

BENJAMIN SHABTAI, 100 S. POINTE DRIVE, APT. 2805, MIAMI BEACH, FLORIDA, 33139 - President

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath
of the translator must be submitted)

(Signature of an authorized person)

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.

BENJAMIN SHABTAI

Typed or printed name of signee

State of New York
Department of State } ss:

I hereby certify, that DMI LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 04/14/2000, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment DMI LLC, changing its name to DI MODULO INTERNATIONAL LLC, was filed 09/18/2000.

The Biennial Statement is past due.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 22nd day of December two
thousand and fifteen.*

Anthony Giardina

Executive Deputy Secretary of State