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TALLAHASSELTTE

SECRETARY OF STATE
TALLAHASSEE, TLOUDA

JUN 0 9 2016 S. YOUNG

COVER LETTER

TO:

Registration Section

| Div | rision of Corporation |)S | | | | |
|-------------------|---|---|------------------------------------|--|--|------------|
| SUBJECT: | MIWK, LLC Name of Limited Liability Company | | | | | |
| SCHOLET. | | | | | | |
| | | | | | ansact Business in Florida," y company to transact busin | |
| Please return | all correspondence of | oncerning this matter to the | following: | | | |
| | Scott Rosen, Es | sq. | | | | |
| | Name of Person | | | | | |
| | Scott Rosen, P. | Α. | | | | 16 PER SE |
| | Firm/Company | | | | | |
| | 150 S. Pine Island Road, Suite 417 | | | | 16 JUN-7 PH 3: | |
| | Address | | | | | 2 17 |
| | Plantation, FL 33324 | | | | | -7 PH 3: 1 |
| | | City/S | state and Zip Code | | | 0 7 |
| | donaelkobi@gma | ail.com | | | | |
| | | E-mail address: (to be use | d for future annual | report not | tification) | |
| For further in | nformation concerning | g this matter, please call: | | | | |
| Sco | ott Rosen, Esq. | | 954 at (| 915051 | 10 / srosen@srosenlaw.com | |
| | Name o | f Contact Person | Area Code | Day | rtime Telephone Number | |
| Div Reg P.O | ision of Corporations gistration Section Box 6327 lahassee, FL 32314 | | | Division Registrat Clifton B 2661 Exe | of Corporations ion Section suilding ecutive Center Circle see, FL 32301 | |
| | a check for the follow \$125.00 Filing Fee | ing amount: ■ \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filir Certified Copy | ng Fee & | ☐ \$160.00 Filing Fee, Ce of Status & Certified Cop | |

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:

| , MIWK, LLC | | | |
|---|--|--|---------------------------------------|
| (Name of Fore | ign Limited Liability Company; must include | "Limited Liability Company," "L.L.C.," or "LLC." | <u>')</u> |
| (If name unavailable, enter al Liability Company," "L.L.C. | ternate name adopted for the purpose of transa or "LLC.") | acting business in Florida. The alternate name must | include "Limited |
| 2. New York | 3 | 46-1795937 (FEI number, if applicable) | |
| (Jurisdiction under the law company is organized) | of which foreign limited liability | (FEI number, if applicable) | |
| 4 | (Date first transacted business in Flor (See sections 605.0904 & 605.0905, F.S. | ida, if prior to registration.) | |
| 5. 1 Marcus Drive | (500 500110115 005.0704 & 005.0705, 1.5. | . it determine penalty fluority | |
| Monsey, NY 10952 | | | 5 |
| | (Street Address of Principal | Office) | = 5! |
| 6. I Marcus Drive | | | JUN -7 |
| Monsey, NY 10952 | | | AHASSFE, TLO: 832 JUN - 7 PH 3: 10 |
| | (Mailing Address) | | မှ ြ |
| 7. Name and street address | ss of Florida registered agent: (P.O. Box | NOT acceptable) | 70 |
| Name: | Scott Rosen, P.A. | | |
| Office Address: | 150 S. Pine Island Road, Ste. 417 | | |
| | Plantation | , Florida | |
| | (City) | (Zip code) | |
| designated in this applica to complywith the provision | gistered agent and to accept service of pution, I hereby accept the appointment as ons of all statutes relative to the proper a my position as registered agent. | rocess for the above stated limited liability co registered agent and agree to act in this cape and complete performance of my duties, and | acity. I further agree |
| | (Registered agen | t's signature) | |
| 8. The name, title or capa | acity and address of the person(s) who has | have authority to manage is/are: | |
| Dona Elkobi, managing n | nember, 1 Marcus Drive, Monsey, NY 10 | 952 | |
| Mordchai Elkobi, managi | ng member, 1 Marcus Drive, Monsey, NY | Y 10952 | |
| | | | - |
| | of which it is organized. (If the certificate | auly authenticated by the official having custod is in a foreign language, a translation of the cohorized person | |
| This document is executed submitted in a document to | I in accordance with section 605.0203 (1) the Department of State constitutes a thir | (b), Florida Statutes. I am aware that any false d degree felony as provided for in s.817.155, l | information F.S. |

Typed or printed name of signee

Dona Elkobi

State of New York Department of State } ss:

I hereby certify, that MIWK LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/20/2012, and that the Limited Liability Company is existing so far as shown by the records of the Department.



16 JUN -7 PH 3: 10

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WITNESS my hand and the official seal of the Department of State at the City of Albany, this 02nd day of June two thousand and sixteen.

Christing Scientina

Executive Deputy Secretary of State