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S. WARREN **OCT** 2 0 2016

## COVER LETTER

TO:	Registration Section Division of Corporations
, SUBJI	Mosery Investments, LLC
0000	Name of Limited Liability Company
The er Existe	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificat ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please	eturn all correspondence concerning this matter to the following:
	Evan W. Turk
	Name of Person
	Principle Counsel, PL
	Firm/Company
	9897 Lake Worth Road, Suite 301
	Address
	Wellington, FL 33467
	City/State and Zip Code
	ewturk@palmbeachlawoffices.com
	E-mail address: (to be used for future annual report notification)
For fu	her information concerning this matter, please call:
	Evan W. Turk 561 665-6570
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclos	ed is a check for the following amount:  S125.00 Filing Fee S130.00 Filing Fee & Certificate of Status  Certificate of Status  S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status  Certified Copy  S160.00 Filing Fee, Certificate of Status & Certified Copy

## 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:

Delaware  (Justification under the law of which foreign limited liability company is organized)  (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  742 Coventry St  Boca Raton, FL 33487  (Street Address of Principal Office)  See street address  (Mailing Address)  Name:  Office Address:  Pay Lake Worth Road, Suite 301  Wellington  (City)  Registered agent's acceptance:  (City)  Registered agent and to accept service of process for the above stated limited liability company at the designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furthe to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar 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:  Nizan Mosery, Trustee of the Mosery Family Living Trust dated May 11, 2016 as GP of the Ren-Mosery Family,	If name unavailable, enter al Liability Company," "L.L.C.	ternate name adopted for the purpose of tran	sacting business in Florida. The altern	ate name must include "Limited
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  7. Value (Mailing Address)  (Street Address of Principal Office)  (Mailing Address)  (Mailing Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  9897 Lake Worth Road, Suite 301  Wellington  (City)  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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furthe to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I um familiar 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:  Nizan Mosery, Trustee of the Mosery Family Living Trust dated May 11, 2016 as GP of the Ren-Mosery Family.	Delaware	2	81-3520558	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  7. 742 Coventry St  Boca Raton, FL 33487  (Street Address of Principal Office)  (Mailing Address)  (Mailing Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    Evan W. Turk, Esq.   9897 Lake Worth Road, Suite 301   Wellington   Florida   33467	(Jurisdiction under the law	of which foreign limited liability	(FEI number, if app	licable)
Boca Raton, FL 33487  (Street Address of Principal Office)  See street address  (Mailing Address)  (Name: Evan W. Turk, Esq. Office Address: Plorida registered agent: (P.O. Box NOT acceptable)  Name: Evan W. Turk, Esq. Office Address: Plorida Mellington  (City)  (City)  (City)  (City)  (City)  (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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furthet to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar 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:  Nizan Mosery. Trustee of the Mosery Family Living Trust dated May 11, 2016 as GP of the Ren-Mosery Family,				
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(Street Address of Principal Office)  See street address  (Mailing Address)  (Mailing Address)  (Mailing Address)  (Mailing Address)  (Mailing Address)  (Mailing Address)  (Name: Evan W. Turk, Esq.  Office Address: 9897 Lake Worth Road, Suite 301  Wellington  (City)  (City)  (City)  (Cip code)  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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further accept the obligations of my position as registered agent.  (Registered agent's signature)  (Registered agent's signature)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Nizan Mosery. Trustee of the Mosery Family Living Trust dated May 11, 2016 as GP of the Ren-Mosery Family,		<b>(</b> 2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-		
(Street Address of Principal Office)  See street address  (Mailing Address)  (Mailing Address)  (Mailing Address)  (Mailing Address)  (Mailing Address)  (Mailing Address)  (Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  (Street Address)  (P.O. Box NOT acceptable)  (City)  (City				
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Name:  Office Address:    Separate   Separat	7 Name and street address			न <b>े</b> र <b>म</b>
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	Having been named as redesignated in this applicate to complywith the provisi accept the obligations of all the control of the	tion, I hereby accept the appointment a cons of all statutes relative to the proper my position as registered agent.  (Registered agent active and address of the person(s) who have	and complete performance of my  nt's signature)  as/have authority to manage is/are:	duties, and I am familiar with
LP, as Managing Member of Moscry Investments, LLC	Having been named as redesignated in this applicate to complywith the provisi accept the obligations of all the control of the	tion, I hereby accept the appointment a cons of all statutes relative to the proper my position as registered agent.  (Registered agent active and address of the person(s) who have	and complete performance of my  nt's signature)  as/have authority to manage is/are:	duties, and I am familiar with
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9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. The certificate is in a foreign language, a translation of the certificate under of the translator must be submitted)	Having been named as redesignated in this applicate to complywith the provision accept the obligations of accept the obligations of accept the name, title or capanizan Mosery. Trustee of LP, as Managing Member 9. Attached is a certificate jurisdiction under the law	acity and address of the person(s) who has the Mosery Family Living Trust dated in of Mosery Investments, LLC  e of existence, no more than 90 days old, of which it is organized. The pertificatubmitted)	and complete performance of my nt's signature) as/have authority to manage is/are: May 11, 2016 as GP of the Ren-Meduly authenticated by the official to be in a foreign language, a translation	osery Family,
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jurisdiction under the law of which it is organized. The pertificate it in a foreign language, a translation of the certificate under 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.	Having been named as redesignated in this applicate to complywith the provisi accept the obligations of a scent the obligations of a scent the name, title or caps Nizan Mosery, Trustee of LP, as Managing Member 9. Attached is a certificate jurisdiction under the law of the translator must be s	tion, I hereby accept the appointment a cons of all statutes relative to the proper my position as registered agent.  (Registered agent acity and address of the person(s) who has the Mosery Family Living Trust dated by of Mosery Investments, LLC  of existence, no more than 90 days old, of which it is organized. (The pertificate ubmitted)  Signature of an audin accordance with section 605.0203 (1 to the Department of State constitutes a the	and complete performance of my nt's signature)  as/have authority to manage is/are: May 11, 2016 as GP of the Ren-Meduly authenticated by the official he is in a foreign language, a translation of the degree felony as provided for in the complete person.	osery Family,  naving custody of records in thation of the certificate under or
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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MOSERY INVESTMENTS, 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 ELEVENTH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "MOSERY INVESTMENTS, LLC" IS A SERIES LIMITED LIABILITY COMPANY.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MOSERY
INVESTMENTS, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF JULY, A.D.
2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

e at corp delaware pov/aut

Authentication: 203141908

Date: 10-11-16