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COVER LETTER

TO: Registration Section Division of Corporations

Habayit, LLC

SUBJECT:

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:

Scott Rosen, Esq.

Name of Person

Scott Rosen, P.A.

Firm/Company

150 S. Pine Island Road, Suite 300

Address

Plantation, FL 33324

City/State and Zip Code

srosen@srosenlaw.com

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

For further information concerning this matter, please call:

Scott Rosen, Esq.		954 at ()	915-0510 (x301)		
Name	of Contact Person	Area Code	Daytime Telephone Number		
MAILING ADDRESS	<u>:</u>	<u>×</u>	STREET ADDRESS:		
Division of Corporation	Division of Corporations		Division of Corporations		
Registration Section	Registration Section		Registration Section		
P.O. Box 6327	P.O. Box 6327		Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle			
		Tallahassee, FL 32301			
Enclosed is a check for the follow	ving amount:				
S125.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Certified Copy	Fee & 🗎 \$160.00 Filing Fee. Certificate of Status & Certified Copy		

APPLICATION BY FOREIGN LIMITED LIABILITY COMTANY 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

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1	Habayit.	1.	しし

· · ·		"Limited Liability Company," "L.L.C.," or "LLC.")	Company," "L.IC," or "LLC.")
New York		36-56668	79
(Jurisdiction under the law of wh	uch foreign limited hability company is organize	d) (FEI number, il	upplicable)
upon registration			
	(Date first transacted business in Florida, 1 (See sections 605.0904 & 605.0905, F.S.)	if prior to registration.) to determine penalty liability)	_
1 Marcus Drive		6. 1 Marcus Drive	
(Street Address of F	nncipal Office)	(Mailing Address)	
Monsey, NY 10952		Monsey, NY 10952	
N		() Day NOT appartuble)	
Name and <u>street addres</u>	<u>s</u> of Florida registered agent: (P.6	O. Box <u>NOT</u> acceptable)	
Name and <u>street addres</u> Name:	<u>s</u> of Florida registered agent: (P.0 Scott Rosen	O. Box <u>NOT</u> acceptable)	
Name:	Scott Rosen		10 PH 4 02
			10 PH 4: 02
Name:	Scott Rosen	300	19 PH 4: 02
Name:	Scott Rosen 150 S. Pine Island Road, Suite 3		10 PH 4: 02
Name: Office Address: gistered agent's accep	Scott Rosen 150 S. Pine Island Road, Suite 3 Plantation (City) tance:	300, Florida 33324(Zip code)	
Name: Office Address: gistered agent's accep ving been named as re	Scott Rosen 150 S. Pine Island Road, Suite 3 Plantation (City) tance: gistered agent and to accept serve	300 . Florida <u>33324</u> (Zip code) ice of process for the above stated limited liab	- ility company at the pla
Name: Office Address: gistered agent's accep ving been named as re ignated in this applica	Scott Rosen 150 S. Pine Island Road, Suite 3 Plantation (Cuy) tance: gistered agent and to accept serve tion, I hereby accept the appoint	300 . Florida <u>33324</u> (Zip code) ice of process for the above stated limited liab ment as registered agent and agree to act in th	- ility company at the pla is capacity. I further a
Name: Office Address: gistered agent's accep ving been named as re- ignated in this application omply with the provisi	Scott Rosen 150 S. Pine Island Road, Suite 3 Plantation (City) tance: gistered agent and to accept serv. tion, I hereby accept the appoint ons of all statutes relative to the	500 . Florida <u>33324</u> (Zip code) ice of process for the above stated limited liab ment as registered agent and agree to act in th proper and complete performance of my dutie	- ility company at the pla is capacity. I further a
Name: Office Address: gistered agent's accep ving been named as re- ignated in this application	Scott Rosen 150 S. Pine Island Road, Suite 3 Plantation (Cuy) tance: gistered agent and to accept serve tion, I hereby accept the appoint	500 . Florida <u>33324</u> (Zip code) ice of process for the above stated limited liab ment as registered agent and agree to act in th proper and complete performance of my dutie	- ility company at the pla is capacity. I further a
Name: Office Address: egistered agent's accep aving been named as re signated in this application comply with the provisi	Scott Rosen 150 S. Pine Island Road, Suite 3 Plantation (City) tance: gistered agent and to accept serv. tion, I hereby accept the appoint ons of all statutes relative to the	500 . Florida <u>33324</u> (Zip code) ice of process for the above stated limited liab ment as registered agent and agree to act in th proper and complete performance of my dutie	- ility company at the pla is capacity. I further a

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Mordchai Elkobi <u>1 Marcus Drive</u> Monsey, NY 10952	Manager	Dona Elkobi <u>1 Marcus Drive</u> Monsey, NY 10952
<u> </u>			

(Use attachments if necessary)

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)

10. 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.

Signature of an authorized person

Dona Elkobi - Manager

Typed or printed name of signee

State of New York Department of State } ss:

I hereby certify, that HABAYIT LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/09/2014, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.





WITNESS my band and the official seal of the Department of State at the City of Albany, this 08th day of February two thousand and eighteen.

Brendan W. Fitzgerald Executive Deputy Secretary of State



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 30, 2018

SCOTT ROSEN, ESQ SCOTT ROSEN, P.A. 150 S PINE ISLAND RD, STE. 300 PLANTATION, FL 33324

SUBJECT: HABAYIT LLC Ref. Number: W18000030858

We have received your document for HABAYIT LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Karen A Saly Regulatory Specialist II

Letter Number: 018A00006472

