

M20000008012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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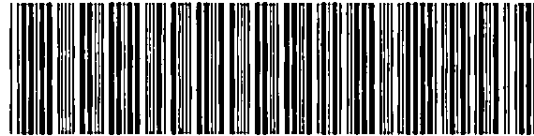
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 AUG 24 PM 3:48
TALLAHASSEE, FLORIDA

45
9/15/20



COVER LETTER

TO: Registration Section
Division of Corporations
SHEAR LTD

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:

ELIE MOISES SMILOVITZ KASSIN

Name of Person

SHEAR LTD

Firm Company

1655 SOUTH MONACO PARKWAY

Address

DENVER, COLORADO 80224

City, State and Zip Code

shtar01@hotmail.com

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

For further information concerning this matter, please call:

Elie Smilovitz

720

4739948

Name of Contact Person

at (

_____) _____
Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SHEAR LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC")
ESKLand.com LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC")
Denver, Colorado 83-0689283

2. N/A (Jurisdiction under the law of which foreign limited liability company is organized) 3. 83-0689283 (LLC number, if applicable)
N/A

4. 1655 South Monaco Parkway (Date first transacted business in Florida, if prior to registration)
(See sections 607.0004 & 607.0005, F.S., to determine penalty liability)
66 West Flagler St. Suite 900 #2266

5. Denver, Colorado 80224 (Street Address of Principal Office) 6. Miami, FL 33130 (Mailing Address)
Miami, FL 33130

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

Name: DAVID BENSOUSSAN
66 West Flagler St. Suite 900

Office Address: MIAMI 33130
_____, Florida _____
(city) (zip 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 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)

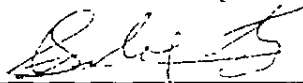
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: ELIE MOSSES SMILOVITZ	☐ Manager	Name: _____
	66 WEST FLAGLER ST.	☐ Member	Address: _____
☒ Member	Address: SUITE 900 #2266, MIAMI, FL, 33130.	☐ Authorized	_____
☒ Authorized	_____	☐ Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
☐ Person	_____	☐ Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
☐ Person	_____	☐ Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

ELIE MOSSES SMILOVITZ KASSIR

Typed or printed name of signer

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

SHTAR Ltd.

is a

Limited Liability Company

formed or registered on 04/23/2018 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20181304315.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 08/10/2020 that have been posted, and by documents delivered to this office electronically through 08/11/2020 @ 11:20:51.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 08/11/2020 @ 11:20:51 in accordance with applicable law. This certificate is assigned Confirmation Number 12524071.



Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****
Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Completing the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, click Businesses, trademarks, trade names, and select Frequently Asked Questions.