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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LILACH CHEMTOB, ATTORNEY AT LAW
Account Number : I20190000022
Phone : (718)554-3954
Fax Number : (718)554-0980

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: tsah.itic@gmail.com

Foreign Limited Liability Company
ITIC RE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2020 DEC 16 PM 12:32

Electronic Filing Menu

Corporate Filing Menu

Help

DEC 16 2020

M. SOLOMON
<https://efile.sunbiz.org/scripts/efilcovr.exe>

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ITIC RE 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:

Lilach Chemtob, Esq.

Name of Person

C/o Wender Law Group PLLC

Firm/Company

230 Park Avenue, Suite 2401

Address

New York, NY 10169

City/State and Zip Code

lilache@chemtl.com

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

For further information concerning this matter, please call:

Lilach Chemtob

718

5543954

at ()

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:

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

PLEASE NOTE

MY ACCOUNT HAS ENOUGH CREDIT
TO COVER THIS

RECEIVED
OCT 30 2020

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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. ITIC RE 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. Oklahoma
(Jurisdiction under the law of which foreign limited liability company is organized)

3. Applied For
(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. 16 Moshe Sne Street, Suite 26
(Street Address of Principal Office)

6. 16 Moshe Sne Street, Suite 26
(Mailing Address)

Petach Tikva

Petach Tikva

Israel 4922355

Israel 4922355

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

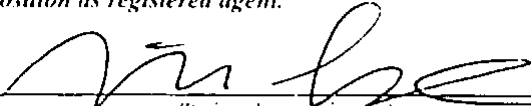
Name: Vcorp Services LLC

Office Address: 5011 South Road 7, Suite 106

Davie, Florida 33314
(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)
Anthony Palazzo

2020 DEC 16 PM 12:32

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>
<input checked="" type="checkbox"/> Manager	Name: <u>Tsah Itic</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>16 Moshe Sne Street, Suite 26</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Petach Tikva, Israel 4922355</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	 Name: <u>Michal Itic</u>	 <input type="checkbox"/> Manager	 Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>16 Moshe Sne Street, Suite 26</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Petach Tikva, Israel 4922355</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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
 Lilach Chemtob, Authorized Signatory

 Typed or printed name of signer

2028 DEC 16 PM 12:32

OFFICE OF THE SECRETARY OF STATE



**CERTIFICATE OF GOOD STANDING
DOMESTIC LIMITED LIABILITY COMPANY**

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that ITIC RE LLC whose registered agent is VCORP SERVICES LLC, with its registered office at 1833 S. MORGAN ROAD OKLAHOMA CITY 73128 USA Oklahoma is a Domestic Limited Liability Company duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 18th day of November, 2020.

Brian T. Blanton

Secretary Of State

JUDGMENT LIEN CERTIFICATE

FOR PURPOSES OF FILING A JUDGMENT LIEN, THE FOLLOWING INFORMATION IS SUBMITTED IN ACCORDANCE WITH s 55.203, FLORIDA STATUTES

DO NOT PHOTOCOPY THIS FORM PRIOR TO USE
BAR CODE MUST BE LEGIBLE.



1. JUDGMENT DEBTOR (DEFENDANT) NAME AS SHOWN ON JUDGMENT, IF AN INDIVIDUAL, IS:

LAST NAME FIRST NAME MI

MAILING ADDRESS

CITY

ST

ZIP

2. ADDITIONAL JUDGMENT DEBTOR, IF AN INDIVIDUAL, IS:

LAST NAME FIRST NAME MI

MAILING ADDRESS

CITY

ST

ZIP

3. JUDGMENT DEBTOR (DEFENDANT) NAME AS SHOWN ON JUDGMENT, IF A BUSINESS ENTITY, IS:

Laser Precision Site Development, Inc

BUSINESS ENTITY NAME

5343 Broken Pine Circle

MAILING ADDRESS

Orlando

FL

32818

CITY

ST

ZIP

4. FEDERAL EMPLOYER IDENTIFICATION NUMBER:

5. DEPARTMENT OF STATE DOCUMENT FILE NUMBER: P18000065304

PLEASE CHECK BOX IF DOCUMENT NUMBER IS NOT APPLICABLE ☐

6. JUDGMENT CREDITOR (PLAINTIFF) NAME AS SHOWN ON JUDGMENT OR CURRENT OWNER OF JUDGMENT, IF ASSIGNED.

Munney Trucking Excavating, Inc.

CREDITOR NAME(S)

2012 Greystone Trail

MAILING ADDRESS

Orlando

FL

32818

CITY

ST

ZIP

7. DEPARTMENT OF STATE DOCUMENT FILE NUMBER:

PLEASE CHECK BOX IF DOCUMENT NUMBER IS NOT APPLICABLE ☐

8. OWNER'S ATTORNEY OR AUTHORIZED REPRESENTATIVE: (ACKNOWLEDGMENT OF FILING WILL BE SENT TO THIS ADDRESS)

C. Nick Asma

NAME

884 S. Dillard St.

MAILING ADDRESS

Winter Garden

FL

34787

CITY

ST

ZIP

9. AMOUNT DUE ON MONEY JUDGMENT: \$22,758.08

10. APPLICABLE STATUTORY INTEREST RATE: 5.37%

11. NAME OF COURT

County Court of the Ninth Judicial Circuit

In And For Orange County, Florida

12. CASE NUMBER:

2020-CC-009969-0

13. DATE OF ENTRY: 12 07 2020
MONTH DAY YEAR

UNDER PENALTY OF PERJURY, I hereby certify that: (1) The judgment above described has become final and there is no stay of the judgment or its enforcement in effect, (2) All of the information set forth above is true, correct, current and complete, (3) I have not previously filed a Judgment Lien Certificate regarding the above judgment with the Department of State, and, (4) I have complied with all applicable laws in submitting this Judgment Lien Certificate for filing.

SIGNATURE OF CREDITOR OR AUTHORIZED REPRESENTATIVE

Ryan Tindall

PRINT NAME

NON-REFUNDABLE PROCESSING FEE:

JUDGMENT LIEN WITH ONE DEBTOR \$ 20.00

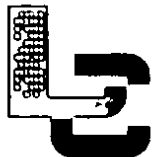
EACH ADDITIONAL DEBTOR \$ 5.00

EACH ATTACHED PAGE, IF NECESSARY \$ 5.00

CERTIFIED COPY REQUESTED \$10.00 ☐

Division of Corporations • P.O. Box 6250 • Tallahassee, FL 32314 • 850-245-6011

Make Checks Payable to: Florida Department of State



לילך שם טוב - עורכי דין
Lilach Chemtob - Law Firm

LILACH CHEMTOB LAW FIRM

Lilach Chemtob, Esq.*

Isaac Raviv, Adv. **

Shierly Luz, Adv.***

Shlomit Ophir-Harel, Esq.****

lilachc@chemlf.com

IsaacR@Chemlf.com

Shierlyl@chemlf.com

shlomito@chemlf.com

לילך שם טוב חברת עורכי דין

לילך שם טוב, עו"ד*

יצחק רביב, עו"ד**

שירלי לוז, עו"ד***

שלומית אופיר-הראל, עו"ד****

September 24, 2020

Florida Department of State
Division of Corporations
P.O. Box 6327,
Tallahassee, FL 32314

Dear Sir/ Madam,

Please find enclosed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida (3 Pages).

Accordingly, please kindly process the enclosed and return the certified documents to the following address:

Wender Law Group, PLLC
C/o Lilach Chemtob, Esq.
230 Park Avenue, Suite 2401
New York, NY 10169

Please charge my account no. 120190000022 for this operation. Also please update my address on the account to the following:

15a Bikat Ramon Street,
Kefar Sava, Israel 4462313

Or, if you require a US address to the mailing address listed above,

Yours Truly,

Lilach Chemtob, Esq.

* A Practitioner in New York and Israel, Notary Public

** Notary Public, Admitted in Israel

*** Admitted in Israel

**** Admitted in Israel, Admitted in New York and Florida

* חברת לשכת עורכי הדין בניו יורק ובישראל, נוטריון

** יועץ חיצוני, חבר לשכת עורכי הדין בישראל

*** חברת לשכת עורכי הדין בישראל

**** יועצת חיצונית, חברת לשכת עורכי הדין בניו יורק ובישראל

15A Bikat Ramon, Kefar Sava 4462913, Israel

P.O. Box 333, Kefar Sava 4425009, Israel

Tel: +1 (718) 554-3954

Fax: +1 (718) 554-0980

רח' בקעת רמון 15א, כפר סבא 4462913, ישראל

ת.ד. 333, כפר סבא 4425009, ישראל

טל: +972 (9) 966-7788

פקס: +972 (9) 966-7789

דוא"ל: admin@chemlf.com Email: