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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Littly Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

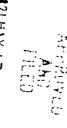
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MAX 1 8 3031

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com



ORDER FORM

Florida Department of State

FROM

Melissa Moreau

The Centre of Tallahassee 2415 North Monroe Street, Suite 810

Tallahassee, FL 32303

850.656.7953

corphelp@dos.myflorida.com

850-245-6051

REQUEST DATE 5/14/2021

PRIORITY Regular Approval

OUR REF_# (Order_ID#) 916735

ORDER ENTITY

PALOMINO13 LLC

									ICE	

PALOMINO13 LLC (FL)

File the attached foreign qualification document and provide a certified copy and certificate of status.

NOTES:

\$160.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Friday, May 14, 2021 Page I of I

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:

name unavailable, enter alternate	tame adopted for the purpose of transacting business in Florida.	The alternate name must include "Limited Liabi	ility Company," "L. L.C." or "L
Delaware		46-3113901	,,,
(Jurisdiction under the law of	which foreign limited liability company is organized)	3. (FEI number,	if applicable)
July 3, 2013			
	(Date first transacted business in Florida, if prior to registr (See sections 605.0904 & 605.0905, F.S. to determine per	ation.) alty liability)	
2700 W. Cypress Cree	ek Road	P. O. Box 4175	
reet Address of Principal Office)		6. (Mailing Address)	
Suite D128		Fort Lauderdale, FL 33338	
Fort Lauderdale, FL 3 Name and street addre	ss of Florida registered agent: (P.O. Box NO	T_acceptable)	122 1980 122
			`` ` ``>
Name:	Noam Hanoch Avrahami		AY 17
	Noam Hanoch Avrahami 2700 W. Cypress Creek Road, Suite D128		AY 17 PH 12
Name:		 33309 , Florida	AY 17 PM 12: 25

(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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Noam Hanoch Avrahami □ Manager ☐ Manager Name: Address: 2700 W. Cypress Creek Road ■ Member □Member Address: Fort Lauderdale, FL 33309 ☐ Authorized ☐ Authorized Person Person □Other Other____ Other____ Other Name: Shay Milech □ Manager □ Manager Name: _____ Address: 2700 W. Cypress Creek Road ■Member □Member Address: Fort Lauderdale, FL 33309 ☐ Authorized ☐ Authorized Person Person ☐ Other □Other _____ Other □Other____ Name: Shay Atiya □Manager □Manager Name: ____ Address: 2700 W. Cypress Creek Road ■Member □Member Address: Fort Lauderdale, FL 33309 ☐ Authorized ☐ Authorized Person Person ☐ Other Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. 117726 Signature of an authorized person

Noam Hanoch Avrahami

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PALOMINO13 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 TWELFTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PALOMINO13 LLC"
WAS FORMED ON THE ELEVENTH DAY OF MAY, A.D. 2021.

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

Authentication: 203184302

Date: 05-12-21

5912153 8300 SR# 20211728567