

M210000007392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

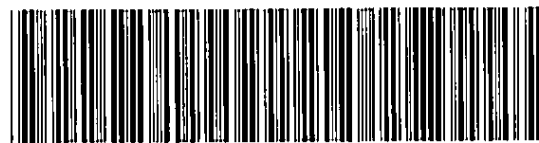
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



700368281537

2021 JUL -7 AM 11:01

FILED

②

2021 JUL -7 PM 12:03

Handwritten signature

JUL 12 2021

1 ALBRITTON

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 07/07/2021

****WALK IN****

ENTITY NAME MISHORIM HORIZON, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX _____

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$25.00

ACCOUNT #: I20160000072

E R KAO

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MISHORIM HORIZON, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BARAK CARMON

Name of Person

MISHORIM HORIZON, LLC

Firm/Company

9378 ARLINGTON EXPRESSWAY, SUITE 319

Address

JACKSONVILLE, FL 32225

City/State and Zip Code

BCARMON@JBCIHOLDINGS.COM

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

For further information concerning this matter, please call:

BARAK CARMON at (917) 936-3934

Name of Person 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:

☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☒ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 8, 2021

SUNSHINE STATE

SUBJECT: MISHORIM HORIZON, LLC
Ref. Number: M21000007392

CORRECTED
Please Allow For
Same File Date

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The form you submitted is for a Florida Limited Liability Company, but your entity is a Foreign Limited Liability Company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 421A00015583

DD

RECEIVED
2021 JUL -9 AM 10:34
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: MISHORIM HORIZON, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M21000007392

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 6/15/2021

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

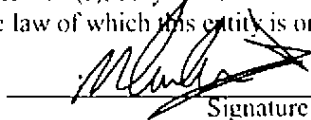
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DANIEL LEVENTHAL	9378 ARLINGTON EXPWY, SUITE 319	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32225	<input type="checkbox"/> Remove
MGR	MAOZ GOLDSHITEIN	9378 ARLINGTON EXPWY, SUITE 319	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32225	<input checked="" type="checkbox"/> Remove
AMBR	MAOZ GOLDSHITEIN	9378 ARLINGTON EXPWY, SUITE 319	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32225	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

MAOZ GOLDSHITEIN

Typed or printed name of signee