

Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
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Foreign Limited Liability Company
EI-Ad Broward Plaza Management LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
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JUN 18 2021

M. SOLOMON

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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. El-Ad Broward Plaza Management 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. Delaware 87-1202580
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 06/17/2021
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 150 E. Palmetto Park road Suite 400 Boca Raton, Florida 33432
(Street Address of Principal Office)
6. 150 E. Palmetto Park Road Suite 400 Boca Raton, Florida 33432
(Mailing Address)

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

Name: CT Corporation
Office Address: 1200 Pine Island Road
Plantation, Florida 33323
(City) (Zip code)

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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.

Stephen Rullis,
Asst. Secretary
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 (5) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>El-Ad National Development Holdings LLC</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Arik Bronfman</u>
<input checked="" type="checkbox"/> Member	Address: <u>150 E. Plametto Park road</u>	<input type="checkbox"/> Member	Address: <u>150 E. Plametto park road</u>
<input type="checkbox"/> Authorized Person	<u>Suite 400</u> <u>Boca Raton , Florida 33432</u>	<input type="checkbox"/> Authorized Person	<u>Suite 400</u> <u>Boca Raton , Florida 33432</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Orly Daniell</u>	<input type="checkbox"/> Manager	Name: <u>Arava Mohar Hon</u>
<input type="checkbox"/> Member	Address: <u>575 Madison Ave , 22nd floor</u>	<input type="checkbox"/> Member	Address: <u>150 E. Palmetto park road</u>
<input type="checkbox"/> Authorized Person	<u>New York , NY 10022</u>	<input type="checkbox"/> Authorized Person	<u>Suite 400</u> <u>Boca Raton , Florida 33432</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other Secretary _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Yoel Shargian</u>	<input type="checkbox"/> Manager	Name: <u>Noam Ziv</u>
<input type="checkbox"/> Member	Address: <u>575 Madison Ave , 22 nd Floor</u>	<input type="checkbox"/> Member	Address: <u>150 E. Plametto park road</u>
<input type="checkbox"/> Authorized Person	<u>New York , NY 10022</u>	<input checked="" type="checkbox"/> Authorized Person	<u>Suite 400</u> <u>Boca RATON , Florida 33432</u>
<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

Arava Mohar Hon. Secretary

Typed or printed name of signer

SECRETARY OF STATE
TREASURER OF STATE
CLERK OF STATE

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EL-AD BROWARD PLAZA MANAGEMENT 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 SEVENTEENTH DAY OF JUNE, A.D. 2021.

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



Jeffrey W. Bullock
 Jeffrey W. Bullock, Secretary of State

5876766 8300

SR# 20212479059

You may verify this certificate online at corp.delaware.gov/authver.shtml

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Date: 06-17-21