

Division of Corporations

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Florida Department of State
Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company
EL-AD BROWARD PLAZA LLC

Certificate of Status	0
Certified Copy	1
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TALLAHASSEE, FL

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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 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 (Jurisdiction under the law of which foreign limited liability company is organized) 3. 87-1202580 (PII 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 (Street Address of Principal Office) Suite 400 Boca Raton, Florida 33432 6. 150 E. Palmetto Park Road (Mailing Address) Suite 400 Boca Raton, Florida 33432

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 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.

Stephen Rullis, Asst. Secretary Registered agent's signature

FILED 2021 JUN 17 PM 12:48 SECRETARY OF STATE TALLAHASSEE, FL

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 type="checkbox"/> Manager	Name: <u>El-Ad Broward Plaza Management 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 <u>Secretary</u>	<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

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EL-AD BROWARD PLAZA 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, Secretary of State

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SR# 20212479061

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

Authentication: 203471863

Date: 06-17-21