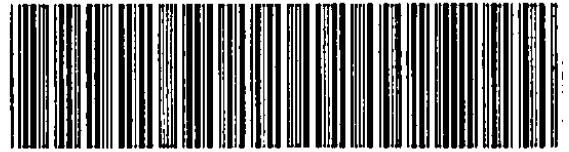


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(Requestor's Name)

(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:

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SEP 15 2021

SEP 15 2021

M. SOLOMON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Beth-El America 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:

Hillel Tal  
Name of Person

Beth-El America LLC  
Firm/Company

4641 Montgomery Avenue, Suite 200  
Address

Bethesda, Maryland 20814  
City/State and Zip Code

h.tal@be-us.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hillel Tal at (917) 669-5666  
Name of Contact 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:

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

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. Beth-El America 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. 85-4231486 (FEI number, if applicable)

4. August 30, 2021
(Date first transacted business in Florida, if prior to registration. See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. Beth-El America LLC (Street Address of Principal Office)
6. Beth-El America LLC (Mailing Address)
4641 Montgomery Avenue, Suite 200
Bethesda, MD 20814

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

Name: Hillel Tai
Office Address: 5369 N. Hiatus Road
Sunrise, Florida 33351
(City) (Zip code)

RECEIVED
SEP 13 2021

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.

[Handwritten signature]

(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]:

| <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: Hillel Tal                     | <input type="checkbox"/> Manager           | Name: _____                          |
| <input type="checkbox"/> Member                          | Address: 5369 N. Hiatus Road         | <input type="checkbox"/> Member            | Address: _____                       |
| <input type="checkbox"/> Authorized Person               | Sunrise, Florida 33351               | <input type="checkbox"/> Authorized Person | _____                                |
| <input checked="" type="checkbox"/> Other <sup>CEO</sup> | <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 Person               | _____                                | <input type="checkbox"/> Authorized 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 Person               | _____                                | <input type="checkbox"/> Authorized Person | _____                                |
| <input type="checkbox"/> Other _____                     | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ |

2021 SEP 15 PM 12:09  
 HILLEL TAL  
 HILLEL TAL  
 HILLEL TAL

**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 the law 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

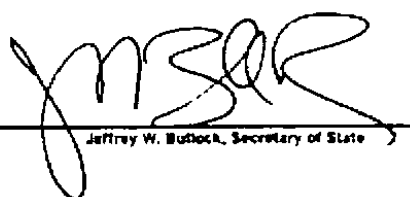
Hillel Tal  
 \_\_\_\_\_  
 Typed or printed name of signer

# Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BETH-EL AMERICA 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 THIRTY-FIRST DAY OF AUGUST, A.D. 2021.



  
Jeffrey W. Bullock, Secretary of State

4361813 8300

SR# 20213123489

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 2040513!

Date: 08-31-



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 13, 2021

HILLEL TAL  
BETH-EL AMERICA LLC  
4641 MONTGOMERY AVENUE, SUITE 200  
BETHESDA, MD 20814

SUBJECT: BETH-EL AMERICA LLC  
Ref. Number: W21000123627

We have received your document for BETH-EL AMERICA LLC and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Need signatures for the Registered Agent and for the person signing the articles. Initials are not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon  
Senior Section Administrator

Letter Number: 121A00022033

*Rec'd  
9-15-21*