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Division of Corporations

**M220000993033953**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Fax Number : (850)617-6383

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Account Name : INTERSTATE FILINGS LLC  
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**Foreign Limited Liability Company  
YEHUDAH YALEH LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

4 PAGES

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Corporate Filing Menu

**S. HAWKES**

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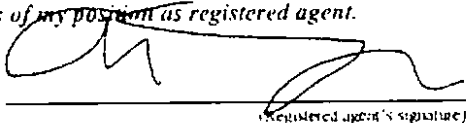
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDAIN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:1. YEHUDAH YALEH LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC")

2. NEW YORK 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)5. 479 GOLF CT 6. 479 GOLF CT  
(Street Address of Principal Office) (Mailing Address)VALLEY STREAM, NY 11581VALLEY STREAM, NY 115817. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: INTERSTATE AGENT SERVICES, LLCOffice Address: 100 SE 2ND STREET SUITE 2000 #209MIAMI, Florida 33131  
(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.  
(Registered agent's signature)

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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: YEHOAH ELIYAHU	<input type="checkbox"/> Manager	Name: TSIONA ELIYAHU
<input checked="" type="checkbox"/> Member	Address: 479 GOLF CT	<input checked="" type="checkbox"/> Member	Address: 479 GOLF CT
<input type="checkbox"/> Authorized	VALLEY STREAM, NY 11581	<input type="checkbox"/> Authorized	VALLEY STREAM, NY 11581
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: ZAUR LAVEN	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: 479 GOLF CT	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	VALLEY STREAM, NY 11581	<input type="checkbox"/> Authorized	
Person		Person	
<input checked="" type="checkbox"/> Other MGRM	<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		<input type="checkbox"/> Authorized	
Person		Person	
<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 authorized person

ZAUR LAVEN

Typed or printed name of signer

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## STATE OF NEW YORK

## DEPARTMENT OF STATE

## Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	YEHUDAH YALEH LLC
DOS ID Number:	6412915
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	02/24/2022
Statement Status:	CURRENT
Statement Due Date:	02/29/2024

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type:	ARTICLES OF ORGANIZATION
Date of Filing:	02/24/2022
Entity Name:	YEHUDAH YALEH LLC

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Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department  
of State, at the City of Albany, on March 16, 2022 at  
04:27 P.M.

ROBERT J. RODRIGUEZ, Secretary of State



*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State

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