

M22000007979

(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:

*20647*

W22000046714

Office Use Only



400383282394

03/14/22--01036--019 \*\*130.00

APPROVED  
AND  
FILED  
2022 MAY 20 PM 3:11  
CLERK OF COURT  
CLERK OF COURT

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EL-AD BROWARD PLAZA II 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:

OSNAT YAIR

Name of Person

EL-AD NATIONAL PROPERTIES

Firm/Company

150 E. PLAMETTO PARK ROAD , SUITE 400

Address

BOCA RATON , FLORIDA 33432

City/State and Zip Code

OYAIR@ELADNATIONAL.COM

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

For further information concerning this matter, please call:

OSNAT YAIR

954

846-7800

at ( )

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. EL-AD BROWARD PLAZA II 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. \_\_\_\_\_  
(FEI number, if applicable)

4. 03/04/2022  
(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)

6. \_\_\_\_\_  
(Mailing Address)

SUITE 400

BOCA RATON, FLORIDA 33432

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

Name: C T Corporation System

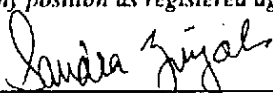
Office Address: 1200 PINE ISLAND ROAD

PLANTATION, Florida 32334  
(City) (Zip code)

2022 MAY 20 PM 3:11  
FILED  
APPROVED  
AND  
FILED

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.

  
Sandra Zwiack, Assistant 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 (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:	El-Ad Broward Plaza Management LLC		<input checked="" type="checkbox"/> Manager	Name:	Noam Ziv	
<input checked="" type="checkbox"/> Member	Address:	150 E. Palmetto park road		<input type="checkbox"/> Member	Address:	150 E. Palmetto park road	
<input type="checkbox"/> Authorized	Suite 400			<input type="checkbox"/> Authorized	Suite 400		
Person	Boca Raton . Florida 33432			Person	Boca Raton . Florida 33432		
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input checked="" type="checkbox"/> Other	CEO	<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	ARAVA MOHAR HON		<input checked="" type="checkbox"/> Manager	Name:	Guy Elbaz	
<input type="checkbox"/> Member	Address:	150 E. PLAMETTO PARK RO		<input type="checkbox"/> Member	Address:	150 E. Plametto park road	
<input type="checkbox"/> Authorized	SUITE 400			<input type="checkbox"/> Authorized	suite 400		
Person	BOCA RATON 33432			Person	Boca Raton . Florida 33432		
<input checked="" type="checkbox"/> Other	Secretary	<input type="checkbox"/> Other		<input checked="" type="checkbox"/> Other	CFO	<input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Manager	Name:	Orly Daniell		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	575 madison Ave		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized	New York, New Yoek 10024			<input type="checkbox"/> Authorized			
Person				Person			
<input checked="" type="checkbox"/> Other	President	<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 , Seccetary

Typed or printed name of signee

# 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 II 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 TWENTY-THIRD DAY OF APRIL, A.D. 2022.



6595038 8300

SR# 20221521934

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203253468

Date: 04-23-22