M220000 10030

(F	Requestor's Name)
(A	Address)
(A	Address)
(0	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(E	Business Entity Name)
(0	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	

Office Use Only



800387874228

##125.00 **₩**125-101.012-1024 ******125.00

2022 JUN 27 PH N: 17

S. FRANKLIN JUN 2 8 2022

COVER LETTER

SHALEV VENTURES, LLC BJECT:		
	ne of Limited Liability Company	
	Company for Authorization to Transact Business in Florida," e referenced foreign limited liability company to transact busin	
se return all correspondence concerning this matter		10,5 11111
Shmuel Brand		
	Name of Person	
Brand Corporate Services Inc		
-	Firm/Company	2022
523 Arlington Rd		,
	Address	21
Cedarhurst, NY 11516		2022 557 21 111
	City/State and Zip Code -	
Shmuel@sandtconsulting.us	•	-
E-mail address: (to	be used for future annual report notification)	
further information concerning this matter, please of	all:	
Levi Ainsworth	718 618-9477 at ()	
Name of Contact Person	Area Code Daytime Telephone Number	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	onda. The alternate name must include "Limited Liability Company,"	"L. L. C.," or "L.L.C	
New York		83-3576695 3.		
(Jurisdiction under the law of which foreign limited liability company is organized		cd) (FEI number, if applicable)		
	Our Set toward house of Plants Consu		~ 2	
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determi	registration.) ine penalty liability)	022	
1000 99TH STREET,	UNIT 8	1000 99TH STREET, UNIT 8	ني	
eet Address of Principal Office)		6. (Mailing Address)	2022 .5:127	
BAY HARBOR ISLANDS, FL 33154		BAY HARBOR ISLANDS, FL 33154	-5	
		 		
			<u>. </u>	
· · · · · · · · · · · · · · · · · · ·		NOT	<u> </u>	
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)		
		NOT acceptable)		
Name:	LEVI AINSWORTH 1000 99TH STREET, UNIT 8			
Name:	LEVI AINSWORTH 1000 99TH STREET, UNIT 8	NOT acceptable)		

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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: LEVI AINSWORTH	■Manager	Name: YESHAYA GORKIN
□Member	Address: 1000 99TH STREET, UNIT 8	□Member	Address: 1000 99TH STREET, UNIT 8
□Authorized	BAY HARBOR ISLANDS, FL 33154	□Authorized	BAY HARBOR ISLANDS, FL 33154
Person		Person	
□Other	Other	□Other	□Other_
□Manager	Name: LEVI AINSWORTH	□Manager	Name:
□Member	Address: 1000 99th Street, Unit 8	□Member	Address:
≅ Authorized	Bay Harbor Islands, FL 33154	□Authorized	
Person		Person	27
□Other	Other	□Other	□Other □
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
⊡Other	Other	Other	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.

Levi Ainswo	orth	
	Signature of an authorized person	
LEVI AINSWORTH		
	Typed or printed name of signee	

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:

SHALEV VENTURES, LLC

DOS 1D Number:

5483007

Entity Type:

DOMESTIC LIMITED LIABILITY COMPANY

Entity Status:

EXISTING

Date of Initial Filing with DOS:

01/28/2019

Statement Status:

CURRENT

Statement Due Date:

01/31/2023

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 June 22, 2022 at 03:08 P.M.

Brandon C. Hughen

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 100001762064 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov