

M24000007558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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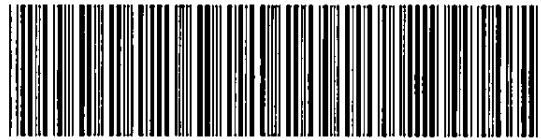
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 MAY 29 PM 11:35

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AUTOMATED INVESTMENTS, 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:

SAADI SABAH

Name of Person

ECLAT FINANCIAL CONSULTANCY, LLC

Firm/Company

16 PLEASANT PLAINS AVENUE

Address

STATEN ISLAND, NY 10309

City/State and Zip Code

ACCOUNTING@ECLATFC.COM

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

For further information concerning this matter, please call:

SAADI SABAH

1

347-845-8701

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. AUTOMATED INVESTMENTS, 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. WYOMING 3. 88-3273175
(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. 30 N. GOULD ST STE R 6. 30 N. GOULD ST STE R
(Street Address of Principal Office) (Mailing Address)
SHERIDAN, WY 82801 SHERIDAN, WY 82801

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

Name: SUNSHINE CORPORATE FILINGS LLC

Office Address: 7901 4TH ST N STE 300

ST. PETERSBURG, Florida 33703
(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.

SUNSHINE CORPORATE FILINGS LLC

(Registered agent's signature)



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2024 MAY 29 PM 11:35

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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]:

Title or Capacity: **Name and Address:**

☐ Manager Name: SHLOMO MEGIRA

☒ Member Address: 253 NE 2ND ST #1907

☐ Authorized MIAMI, FL 33132

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: OZ LEVI

☒ Member Address: 60 SW 13TH ST #1122

☐ Authorized MIAMI, FL 33130

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

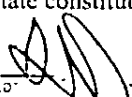
Person _____

☐ 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.

Shlomo Megira 
Signature of an authorized person

SHLOMO MEGIRA

Typed or printed name of signer

STATE OF WYOMING
Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

Automated Investments LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **July 12, 2022**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2022-001136419**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 23rd day of May, 2024 at 5:53 AM. This certificate is assigned ID Number 073001818.



A handwritten signature in cursive script that reads "Chuck Gray". The signature is written in black ink and is positioned above a horizontal line.

Secretary of State

Pay to: **Corporate Filings LLC**
30 N Gould St
STE 7001
Sheridan, WY 82801

Service provided by:
www.floridaregisteredagent.com
Sunshine Corporate Filings LLC
7901 4th St N
STE 300
St. Petersburg, FL 33702
agent@floridaregisteredagent.com
813-575-1161

Bill to: **AUTOMATED INVESTMENTS LLC**
SHLOMO MEGIRA
253 NE 2ND ST APT 1907
MIAMI, FL 33132

Invoice: W475D8BW
Date: May 23, 2024
Due Date: May 23, 2024

Description	Price	Quantity	Subtotal
Business Domain	\$25.00	1	\$25.00
Business Domain Free Trial Discount	-\$25.00	1	-\$25.00
Business Email	\$9.00	1	\$9.00
Business Email Free Trial Discount	-\$9.00	1	-\$9.00
Business SSL	\$9.00	1	\$9.00
Business SSL Free Trial Discount	-\$9.00	1	-\$9.00
Business Website	\$9.00	1	\$9.00
Business Website Free Trial Discount	-\$9.00	1	-\$9.00
Florida Mail Forwarding: Limited Use Package 05/23/2024-05/22/2025	\$0.00	1	\$0.00
Phone Service Provider: Corporate Tools, INC Description: Consumer Phone Service Subscription: Monthly - \$9	\$9.00	1	\$9.00
Phone Service Free Trial Discount	-\$9.00	1	-\$9.00
Registered Agent Service in Florida 05/23/2024-05/22/2025 7901 4TH ST N, STE 300, ST. PETERSBURG FL 33702	\$35.00	1	\$35.00
Grand Total			\$35.00

Paid

05/23/24 with *7141

Please review the contact information on your invoice/online account and notify us with any changes.






Foreign LLC Registration - Florida - (1)

Final Audit Report

2024-05-23

Created:	2024-05-23
By:	SAADI SABAH, CPA (accounting@eclatfc.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAA7Lf-L-qpKICXVhwjQyrFZI9O0VvA-yeY

"Foreign LLC Registration - Florida - (1)" History

-  Document created by SAADI SABAH, CPA (accounting@eclatfc.com)
2024-05-23 - 3:43:48 PM GMT
-  Document emailed to Shlomo Megira (shawn@automated-investments.com) for signature
2024-05-23 - 3:43:53 PM GMT
-  Email viewed by Shlomo Megira (shawn@automated-investments.com)
2024-05-23 - 3:44:03 PM GMT
-  Document e-signed by Shlomo Megira (shawn@automated-investments.com)
Signature Date: 2024-05-23 - 3:44:35 PM GMT - Time Source: server
-  Agreement completed.
2024-05-23 - 3:44:35 PM GMT