

M24000011814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

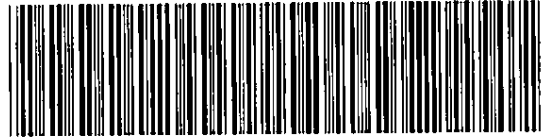
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2024 SEP 13 AM 10:49

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2024 SEP 13 PM 4:22

SEP 13 2024

K Brumley



**COGENCYGLOBAL®**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I200000000088  
If there are any issues  
please contact Patrice at  
850-202-9071

Date: 09/13/2024

Name: Patrice Rush

Reference #: 2497771

Entity Name: DISTEK N.A. LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: \$125.00

Signature: 

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Distek N.A. 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:

Deirdre Mangan

\_\_\_\_\_  
Name of Person

Seyfarth Shaw LLP

\_\_\_\_\_  
Firm/Company

233 S. Wacker Drive, Suite 8000

\_\_\_\_\_  
Address

Chicago, Illinois 60606

\_\_\_\_\_  
City/State and Zip Code

dmangan@seyfarth.com

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

For further information concerning this matter, please call:

Deirdre Mangan

312

460-6324

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. Distek N.A. 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. Illinois  
(Jurisdiction under the law of which foreign limited liability company is organized)

3.   
(FET number, if applicable)

4. June 15, 2024  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 32 SE 2nd Ave. Suite 633  
(Street Address of Principal Office)

6. 32 SE 2nd Ave. Suite 633  
(Mailing Address)

Delray Beach, FL 33444  
  
Delray Beach, FL 33444

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

Name: Cogency Global Inc.

Office Address: 115 North Calhoun St. Suite 4

Tallahassee, Florida 32301  
(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.

/s/ Shannon M. Maddox

(Registered agent's signature)

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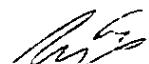
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>                       | <u>Name and Address:</u>       | <u>Title or Capacity:</u>                  | <u>Name and Address:</u>       |
|-------------------------------------------------|--------------------------------|--------------------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> Manager     | Name: Moshe Moked              | <input type="checkbox"/> Manager           | Name: Issak Shtikan            |
| <input type="checkbox"/> Member                 | Address: 1501 Beacon St #1706  | <input checked="" type="checkbox"/> Member | Address: Sdei Hamad 27         |
| <input type="checkbox"/> Authorized             | Brookline, MA 02446            | <input type="checkbox"/> Authorized        | Israel, AO 99999               |
| Person                                          |                                | Person                                     |                                |
| <input type="checkbox"/> Other                  | <input type="checkbox"/> Other | <input type="checkbox"/> Other             | <input type="checkbox"/> Other |
| <br><input checked="" type="checkbox"/> Manager | <br>Name: Martin Straus        | <br><input type="checkbox"/> Manager       | <br>Name:                      |
| <input type="checkbox"/> Member                 | Address: 1800 Touhy Avenue     | <input type="checkbox"/> Member            | Address:                       |
| <input type="checkbox"/> Authorized             | Elk Grove Village, IL 60007    | <input type="checkbox"/> Authorized        |                                |
| Person                                          |                                | Person                                     |                                |
| <input type="checkbox"/> Other                  | <input type="checkbox"/> Other | <input type="checkbox"/> Other             | <input type="checkbox"/> Other |
| <br><input type="checkbox"/> Manager            | <br>Name:                      | <br><input type="checkbox"/> Manager       | <br>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.

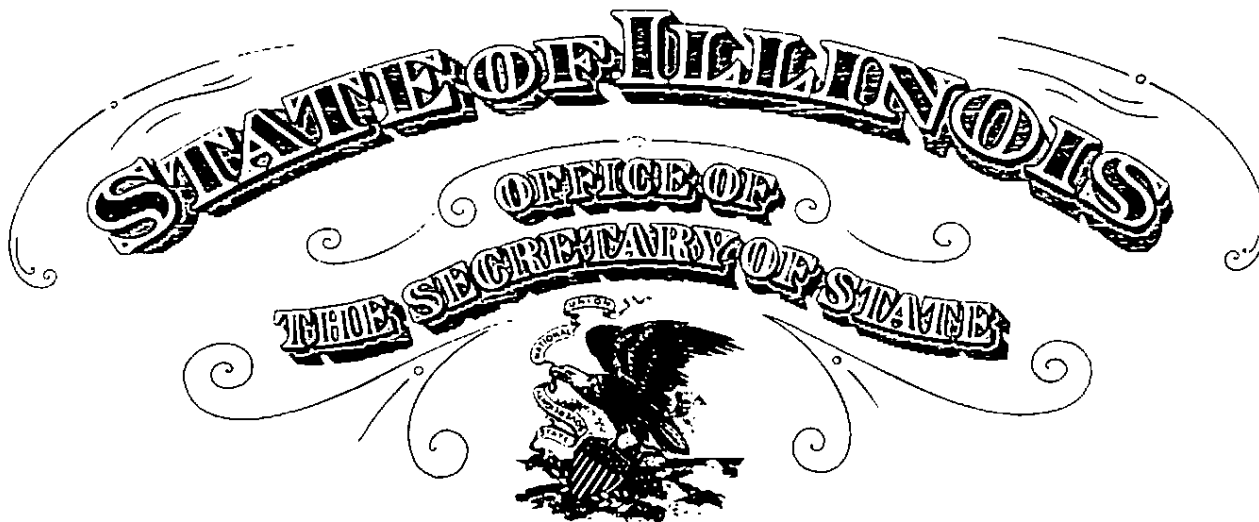
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must 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 an authorized person  
  
 Moshe Moked  
 \_\_\_\_\_  
 Typed or printed name of signer

File Number

0248687-3



***To all to whom these Presents Shall Come, Greeting:***

***I, Alexi Giannoulas, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that***

DISTEK N.A. LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 21, 2008, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 13TH day of SEPTEMBER A.D. 2024 .***