

M24000015602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

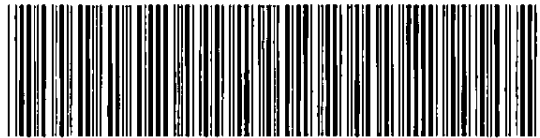
(Document Number)

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Special Instructions to Filing Officer:

W24000149722

Office Use Only



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**RECEIVED**

OCT 21 2024

2024 NOV 26 PM 8:10



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 5, 2024

DAVID GOLDIS  
3113 STIRLING ROAD, SUITE 102  
FT. LAUDERDALE, FL 33312 US

SUBJECT: T&D 19 INVESTMENTS COMPANY LLC  
Ref. Number: W24000149722

We have received your document for T&D 19 INVESTMENTS COMPANY LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, you have an LLC but you used a corporate application. Change the application to an LLC application and send back.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Andrea Andrews  
Regulatory Specialist II

Letter Number: 224A00024323

**RECEIVED**  
**NOV 26 2024**

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: T&D 19 INVESTMENTS COMPANY 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:

DAVID GOLDIS

Name of Person

CG ACCOUNTING CORPORATION

Firm/Company

3113 STIRLING ROAD, SUITE 102

Address

FORT LAUDERDALE, FLORIDA 33312

City/State and Zip Code

DAVID@CG-ACCOUNTING.COM

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

For further information concerning this matter, please call:

DAVID GOLDIS

Name of Contact Person

at ( 954 )

Area Code

964-9220

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. T&D 19 INVESTMENTS COMPANY 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. 99-1193178  
(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. 3110 NE 210 TERRACE 6. \_\_\_\_\_  
(Street Address of Principal Office) (Mailing Address)

AVENTURA, FLORIDA 33180

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

Name: SHACHAF BAR ZAKAY

Office Address: 3110 NE 210 TERRACE

AVENTURA . Florida 33180  
(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.

Shachaf Bar Zakay  
(Registered agent's signature)

2024 NOV 26 PM 8:10

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"/> President	Name: <u>SHACHAF BAR ZAKAY</u>	<input type="checkbox"/> Manager	Name: <u>SHACHAF BAR ZAKAY</u>
<input type="checkbox"/> Member	Address: <u>3110 NE 210 TERRACE</u>	<input checked="" type="checkbox"/> Secretary	Address: <u>3110 NE 210 TERRACE</u>
<input type="checkbox"/> Authorized	<u>AVENTURA, FLORIDA 33180</u>	<input type="checkbox"/> Authorized	<u>AVENTURA, FLORIDA 33180</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>SHACHAF BAR ZAKAY</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>3110 NE 210 TERRACE</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>AVENTURA, FLORIDA 33180</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Treasurer	<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.

Shachaf Bar Zakay  
Signature of an authorized person

SHACHAF BAR ZAKAY  
Typed or printed name of signee

**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,

**T&D 19 INVESTMENTS COMPANY LLC**

is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **February 5, 2024**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001404976**.

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 16th day of October, 2024 at 7:14 AM. This certificate is assigned ID Number 077242529.



A handwritten signature in cursive script that reads 'Chuck Gray'.

Secretary of State