

M24000015986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

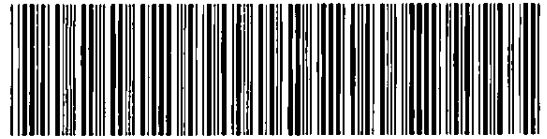
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

M2400016 \$191

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Office Use Only



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12/18/24--01001--005 \*\*567.50

12/26/24--01003--003 \*\*1471.25

DEC 20 2024  
K. Brumbley

OFFICE OF THE  
CLERK OF THE  
COURT

2024 DEC 20 PM 4:23

APPROVED  
AND  
FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 18, 2024

BEN-ZION ALCALAY  
980 NORTH FEDERAL HIGHWAY, SUITE 420  
BOCA RATON, FL 33432 US

SUBJECT: BENHAD LLC  
Ref. Number: W24000165791

We have received your document for BENHAD LLC and your check(s) totaling \$567.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Before this document can be processed, you must pay \$1471.25. This is the penalty for having started the business on 4/1/2017.,

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: 024A00027506

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BENHAD 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:

Ben-Zion Alcalay

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

Benhad LLC

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

980 North Federal Highway, Suite 420

\_\_\_\_\_  
Address

Boca Raton, FL 33432

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

raquela@silverbears.com

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

For further information concerning this matter, please call:

Raquela

561

414-3226

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. Benhad, 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. State of New York  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

4. 4/1/2017  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 980 North Federal Highway, Suite 420  
(Street Address of Principal Office)

6. PO Box 811240  
(Mailing Address)

Boca Raton, FL 33432  
Boca Raton, FL 33481

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

Name: Ben-Zion Alcalay

Office Address: 980 North Federal Highway, Suite 420

Boca Raton, Florida 33432  
(City) (Zip code)

APPROVED  
AND  
FILED  
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CLERK OF STATE  
OF FLORIDA

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.

B2 ACCACAP  
(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]:

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

☒ Manager      Name: Benhad Manager Inc.

☐ Member      Address: c/o Ben-Zion Alcalay

☐ Authorized      980 North Federal Highway, Suite 420

Boca Raton, FL 33432

Person      \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

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

☐ 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 \_\_\_\_\_

☐ 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.

B.Z. ACCALAY

Signature of an authorized person

Ben-Zion Alcalay

Typed or printed name of signer

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, 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: BENHAD, L.L.C.  
DOS ID Number: 2108922  
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY  
Entity Status: EXISTING  
Date of Initial Filing with DOS: 02/03/1997  
  
Statement Status: CURRENT  
Statement Due Date: 02/28/2025

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 December 12, 2024 at 03:02 P.M.

WALTER T. MOSLEY  
Secretary of State

BRENDAN C. HUGHES  
Executive Deputy Secretary of State

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Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>