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To:

Division of Corporations

Fax Number

(850)617-6383

From:

Account Name : C T CORPORATION SYSTEM:

Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368

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Foreign Limited Liability Company RAPHA RACING LLC

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COVER LETTER

RAPHA RACING JBJECT:				
	Name of I	Limited Liability Comp	pany	
			to Transact Business in Florida," Cability company to transact busine	
ase return all correspondence	concerning this matter to the	following:		
			•	
	N	ame of Person		
Rapha Racin	g LLC			
	Fi	ті/Сотрапу		
1915 NW K	earney Street			
		Address		
Portland, OR	97209			
	City/S	tate and Zip Code		
joshuacreem@				
	E-mail address: (to be use	d for future annual repo	ort notification)	
or further information concerni	ng this matter, please call.			
Emma Rounds		at ()	206-3087	
Name	of Contact Person	Area Code	Daytime Telephone Number	
MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	<u>:</u> s	Div Reg Clii 266	REET ADDRESS: vision of Corporations gistration Section from Building Executive Center Circle	
Tullahussee, FL 32314			I Executive Center Circle Iahassec, PL 32301	
nclosed is a check for the follow \$125.00 Filing Fee	ving amount: \$\Boxed{\Boxesia} \\$ \\$ \\$ 130 00 Filing Fee & \$\\ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$	☐ \$155.00 Filing Fe	ee & 🗆 \$160.00 Filing Fee, Cen 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 TRANSPORT IN THE STATE OF FLORIDA:

(If name unavailable, enter al Liability Company," "L.L.C,"		for the purpose of transa	cting business in Florida. The attern	are name must include "Limited
, Delaware	-	2	75-3268747	
(Jurisdiction under the law company is organized)	of which foreign limit	ed liability	(FEI numbor, it app	licable)
4	(Date first true (See sections 60	nsacted business in Flori 5 0904 & 605.0905, F.S	da, if prior to registration.) to determine penalty liability)	
5. 1915 NW Kearney :	Street			彩 6 1
Portland, OR 97209				
6. 1915 NW Kearney		et Address of Principal (Office)	Talle OCT -7 RK 9:36
Portland, OR 97209				
		(Mailing Address)		36
7. Name and street addres	<u>s</u> of Florida register	ed agent: (P.O. Box	NOT acceptable)	5,
Name:	NRAl Services, la	ı¢.		
Office Address:	1200 South Pine I	sland Road		
	Plantacion		, Florida 33324	
•		(City)	(Zip co	ode)
designated in this applica	tion, I hereby acceptions of all statutes re ny position as regis NRAI	et the appointment as elative to the proper a tered agent. Services, Inc.	registered agent and agree to ac nd complete performance of my nifer Vincent, Assistant Secretary &	ed liability company at the place of in this capacity. I further agree duties, and I am familiar with a Vice President
		(Registered agen	r's signature)	
8. The name, title or cape Brendan Quirk , Member.	ecty and address of 5108 Country Clu	the person(s) who has h Blvd., Little Rock, A	/have authority to manage is/are: NR 72207	
9. Attached is a certificate jurisdiction under the law of the translator must be so	of which it is organi	ne than 90 days old, d zed. (If the certificate	uly authenticated by the official is in a forcign language, a transl	having custody of records in the ation of the certificate under oath
	Brende	Signature of an aut	norized person	
This document is executed	I 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 thir	d degree felony as provided for i	n s.817,155, F.S.

Typed or printed name of signee

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "RAPHA RACING LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE SIXTH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2016 OCT -7 AM 9: 36

0.3337

4559144 8300 SR# 20166103214

You may verify this certificate online at corp.delaware.gov/authver.shtml

Justiney W. Studies II, Studenton'y of State

Authentication: 203121972

Date: 10-06-16