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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : R&P ACCOUNTING AND TAXES INC
Account Number : I20170000090
Phone : (305)358-1310
Fax Number : (305)503-6701

TALLAHASSEE, FLORIDA
2019 AUG 26 PM 4:40

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: arcas@rpa.com

Foreign Limited Liability Company
FULFILL MIAMI LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$125.00

19 AUG 26 AM 10:56
TALLAHASSEE, FLORIDA

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AUG 27 2019



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FULFILL MIAMI 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:

ANDRES RODRIGUEZ

Name of Person

R&P ACCOUNTING AND TAXES INC

Firm/Company

150 SE 2ND AVE SUITE 401

Address

MIAMI, FL 33131

City/State and Zip Code

AROD8723@YAHOO.COM

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

2019 AUG 26 PM 4:40
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ANDRES RODRIGUEZ

at (305)

358-1310

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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:

FULFILL MIAMI LLC

1. (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-2133476 (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 pecuniary liability)

5. 2335 NW 107 AVE, STE 2M-C26 (Street Address of Principal Office)

6. 2335 NW 107 AVE, BOX #81 (Mailing Address)

DORAL, FL 33172

DORAL, FL 33172

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

Name: R&P ACCOUNTING AND TAXES INC

Office Address: 150 SE 2ND AVE SUITE 404

MIAMI, Florida 33131 (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.

(Registered agent's signature)

2019 AUG 26 PM 4:40 TALLAHASSEE, FLORIDA

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: VINNY PATEL

Member Address: 2335 NW 107 AVE

Authorized STE 2M-C26

Person DORAL, FL 33172

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

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 _____

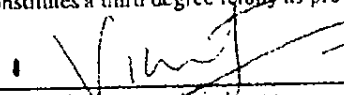
Other _____ Other _____

2019 AUG 26 PM 4:40
 FALL ANNUAL ASSESSMENT CONFIDANT

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
VINNY PATEL

Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FULFILL MIAMI 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 TWENTIETH DAY OF AUGUST, A. D. 2019.

2019 AUG 26 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

7076767 8300

SR# 20196589511

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

Authentication: 203439810

Date: 08-20-19