

B/6000000/02

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

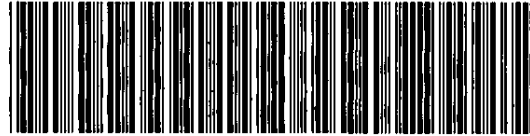
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600285683706

600285683706
05/17/16--01019--029 **1000.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 APR 17 PM 12:53

MAY 18 2016
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rafel Real Estate Investment Limited Partnership
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.
Please return all correspondence concerning this matter to:

Cammie Warburton

Contact Person

Corporate Direct, Inc.

Firm/Company

2248 Meridian Blvd., Suite H

Address

Minden, NV 89423

City, State and Zip Code

cwarburton@corporatedirect.com

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

For further information concerning this matter, please call:

Cammie Warburton at (**775**) **284-7162**

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	<input type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status	<input type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy	<input type="checkbox"/> \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
--	---	---	---

STREET ADDRESS:

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

MAILING ADDRESS:

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

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
13 JUN 17 PM 12:53

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

1. RAFEL REAL ESTATE LIMITED PARTNERSHIP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Wyoming

State or Country of Formation

3. May 6, 2016

Date of Formation

4. Federal Employer Identification Number: _____

5. Name of Registered Agent for Service of Process and Florida Street Address:

Gerri Detweiler

1037 Greystone Lane

Sarasota, FL 34232

6. 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.



Signature of Registered Agent

7. Principal Office:

60 E. Simpson Ave

Jackson, WY 83001

8. Mailing Address:

PO Box 2869

Jackson, WY 83001

9. If limited partnership is a limited liability limited partnership, check box .

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Juan Francisco Ramos Felices

Name of General Partner: _____

Street Address: 60 E Simpson Ave
Jackson, WY 83001

Street Address: _____

Mailing Address: PO Box 2869
Jackson, WY 83001

Mailing Address: _____

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

FILED
STATE
SECRETARY
TALLAHASSEE, FLORIDA
13 APR 17 PM 12:53

Name of General Partner: _____ Name of General Partner: _____

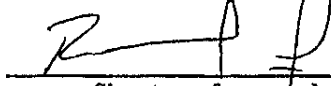
Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: _____
 (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 11 day of MAY, 2016.


 Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 APR 17 PM 12:53

STATE OF WYOMING
Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

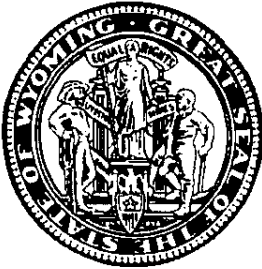
RAFEL REAL ESTATE INVESTMENT LIMITED PARTNERSHIP

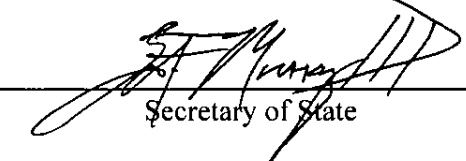
is a
Limited Partnership

formed or qualified under the laws of Wyoming did on **May 6, 2016**, comply with all applicable requirements of this office. Its period of duration expires 04/01/2046. This entity has been assigned entity identification number **2016-000713962**.

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 a Certificate of Cancellation.

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 12th day of May, 2016 at 12:45 PM. This certificate is assigned 020162521.




Secretary of State

16 APR 17 PM 12:54

STATE OF WYOMING
SECRETARY OF STATE
CHEYENNE, WYOMING

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <http://wyobiz.wy.gov> and following the instructions displayed under Validate Certificate.