

B220 00000299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301

850.656.7956

Fax: 850.656.7953

www.incserv.com

e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 6/10/2022

PRIORITY Regular Approval

OUR REF.# (Order ID#) 1044557

ORDER ENTITY

RB INTERPRICE OF SWFL, LIMITED PARTNERSHIP

PLEASE PERFORM THE FOLLOWING SERVICES:

RB INTERPRICE OF SWFL, LIMITED PARTNERSHIP (FL)

File the attached foreign qualification document

NOTES:

\$1,000.00 Authorized

Email address for annual report reminders: barbara@ruizgonzalezlaw.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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

1. RB INTERPRICE OF SWFL, 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 26, 2017

Date of Formation

4. Federal Employer Identification Number: 82-1635400

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

OSCAR ROSAS

717 COLUMBUS AVE

LEHIGH ACRES, FL 33972

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:

8. Mailing Address:

717 COLUMBUS AVE

717 COLUMBUS AVE

LEHIGH ACRES, FL 33972

LEHIGH ACRES, FL 33972

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: RB INTERPRICE, LLC

Name of General Partner: _____

Street Address: 717 COLUMBUS AVE

Street Address: _____

LEHIGH ACRES, FL 33972

Mailing Address: _____

Mailing Address: _____

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

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TALLAHASSEE, FL
STATE OF FLORIDA
DEPARTMENT OF REVENUE

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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 17 day of MAY, 2022



Signature of a general partner

The individual signing this document affirms 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

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

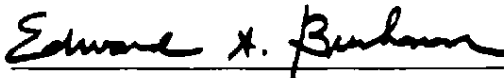
RB Interprice of SWFL, Limited Partnership
is a
Limited Partnership

formed or qualified under the laws of Wyoming did on **May 25, 2017**, comply with all applicable requirements of this office. Its period of duration expires 12/31/2077. This entity has been assigned entity identification number **2017-000755176**.

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 8th day of June, 2022 at 11:03 AM. This certificate is assigned ID Number 053083018.




Secretary of State