(Re	equestor'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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Special Instructions to	Filing Officer:			

Office Use Only



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# SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724 SUNSHINECORPORATE2014@GMAIL.COM

Date: 11-21-16
ENTITY NAME:
Restaurant Hospitaluty User Member GROUP, RPG, Inc
**PLEASE FILE THE ATTACHED AND RETURN:**
Plain Copy
Certified Copy
**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:**  Document Number:
Certified Copy of Arts & Amendments
Certificate of Good Standing
**APOSTILLE'/NOTARIAL CERTIFICATION:**
COUNTRY OF DESTINATION
NUMBER OF CERTIFICATES REQUESTED
TOTAL AMOUNT OWED: 78-75
CHECK NUMBER: 3092
PLEASE CONTACT TINA OR ERIC AT 850-656-4724 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.
Thank you!

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: RESTAURANT HOSPITALING USER MEMBER GROUP RPG, I Name of Corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.
Please return all correspondence concerning this matter to the following:
LESLIE NY LUND Number of Person
Nume of Person
Firm/Company
_ 8 Wood HOIJOW Rd
Address Address
PARSIPPAM NJ 07054 City/State and Zip Code
•
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at () Area Code Daytime Telephone Number
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$2.578.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

(If name unava	lable in Florida, enter alternate corporate name add		n Plorida)
Delaware	3.	81-2208496	
(State or cour	fry under the law of which it is incorporated)	(FEI number, if applicable)	
1/12/2016	5	(Date of duration, if other than perpet	
(L	ate of Incorporation)	(Date of duration, if other than perpetu	ual)
Upon filin	g		
Date first cond	octed affairs in Florida if prior to registration. See sec.	tions 617.1501 & 617.1502, F.S. to determine p	enalty liability
8 Wood Hollo	v Road, Parsippany, NJ 07054		
· · · · · · · · · · · · · · · · · · ·	(Principal offic	e address)	
	,		
	(Current mailing add	ress, if different)	
	(		
Risk Purchasir	e Group	•	
Purpose(s) of	corporation authorized in home state or country to	oe carried out in the state of Florida)	ক্র
			35
Name and str	eet address of Florida registered agent: (P.O. I	Box NOT acceptable)	y)
	Dec Comme		12
	Dean Carras	,	- Jen
Name:	4500 PGA Blvd, Suite 301B		ī.
		33418	တ္
	Palm Beach Gardens	Florida 55110	1/2
Name: Office Address:		33418	% ?>

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

#### 12. Names and addresses of officers and/or directors

Dean Carres	
8 Wood Hollow Rd	
Parsippany, NJ 07054	
ice Chairman:	
ddress:	
Pirector:	
ddress;	
Director:	
Address:	
B. OFFICERS	
resident:	
Address:	
Leslle Nylund	
8 Wood Hollow Rd	<del> </del>
Parsippany, NJ 07054	<del>基</del> 它 22
ecretary:	
Address:	
Freasurer:	22
Address:	
NOTE: If necessary, you may attach an addent are to the application listing additions	al officers and/or directors.
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12	of the application)
(Signature of Charitman, Vice Charitman, of any officer listed in number 12  (Typed or printed name and capacity of person signing appli-	

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "RESTAURANT HOSPITALITY USER MEMBER

GROUP RPG, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE

OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

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

TWENTY-FIRST DAY OF NOVEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RESTAURANT HOSPITALITY USER MEMBER GROUP RPG, INC." WAS INCORPORATED ON THE TWELFTH DAY OF JANUARY, A.D. 2016.

Authentication: 203373241

Date: 11-21-16

5934586 8300C SR# 20166728038

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