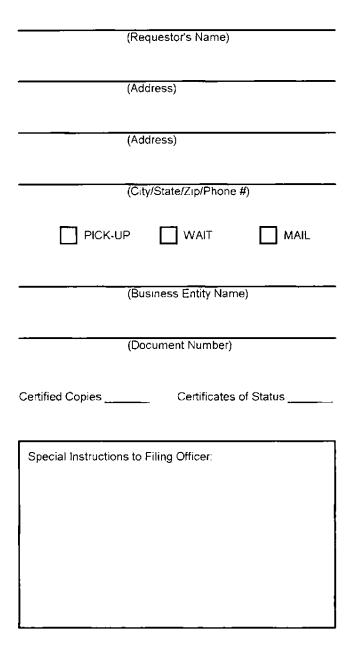
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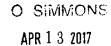


Office Use Only



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04/11/17--01028--028 **87.50



COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: RAR	HOSPITA Name of corporation	1+4 Groy - must include suffix	o, Inc	
Dear Sir or Madam:				
The enclosed "Application by Fo "Certificate of Existence," or "Ce above referenced foreign corporations of the corporation of	ertificate of Good Star	nding" and check are sub		
Please return all correspondence	concerning this matte	r to the following:		
	Romu	Ron		
	Nameo			
<u> </u>	&R HOSE	plany G	roup, Inc.	
			1	
38	48 Kossi	uth Rd.		
1	Addr	ess		
	ake Oric	on, MI 483	60	
	City/State a	nd Zip code		
- Coundo	runarnos	Pitalitygcoic for future annual report n	rp.com	
E-mai	address: (to be used	for future annual report n	otification)	
For further information concerning	ng this matter, please of	call:		
RomyRon	at (248) 187 - 05 e Daytime Teleph	551	
Name of Person	Area Cod	e Daytime Teleph	none Number	
STREET/COURIER A	DDRESS:	MAILING AI		
Registration Section			Registration Section	
Division of Corporations Clifton Building			Division of Corporations P.O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301				
Enclosed is a check for the follow	ring amount:			
	75 Filing Fee & Lificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy	

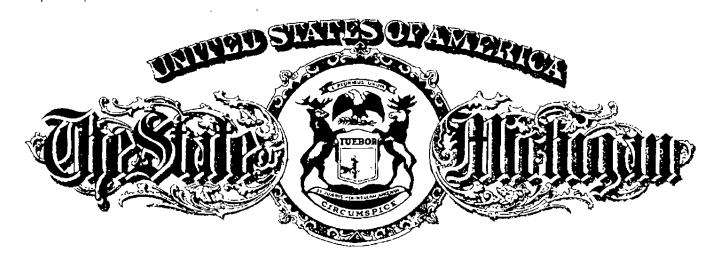
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

<u></u>	RR Hospita	clity Group),\nc.	
(Enter name of co "Inc.," "Co.," "Co	orporation; must include "INO orp," "Inc," "Co," or "Corp.")	ORPORATED," "CC	MPANY," "CORPORATION,"	
(If more unavails	ble in Florida, enter alternate	corporate name adopt	ed for the purpose of transacting business in Flor	ida)
· P	HCHIGAN	3.	81-3446003 (FEI number, if applicable)	
(State or country	y under the law of which it is i	mcorporated)	(FEI ramber, if applicable)	
8/	2/16	5		
(Date	of incorporation)		(Date of duration, if other than perpetual)	
	(SEE SECTIONS 60	77.1501 & 607.1502,1 8 Kassut	rida, if prior to registration) F.S., to determine permity liability) Hh Road Lake Drion, Tice address)	M 49
		(Current mailing ad	dress, if different)	
Name and <u>stre</u>	et address of Florida registe	ared agent: (P.O. Bo	NOT acceptable)	:
Name:	Northwes	it Kogist	ereu Agerit, LLC	,
See Address:	3030 N RO	ocky Pol	ered Agent, LLC nt Drive, Ste. 150	-1
	Tampa	<u> </u>	, Florida 33067 (Zip code)	
	(City)			
rving been nam signated in this other name to c	ent's acceptance: sed as registered agent and a epplication, I hereby acce county with the provisions	ept the appointment of all statutes relat	of process for the above stated corporation of t as registered agent and agree to act in this tive to the proper and complete performance of position as registered agent.	, caption je

^{• 10.} 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.

11. Names and business addresses of officers and/or directors:

A. DIRECTO	RS.	
Chairman:	<u>Irad Kon</u>	
Address:	18760 Wells Drive	
	Tarzana, CA 91356	
Vice Chairman:	Romu Ron	
Address:	3848 Kossuth Road	
	Lake Orion, M1 48360	
Director:	Hagit Raviv-Ron	
	18760 Wells Drive	
	Tarzama (A 9/356	
Director:		207
		:
B. OFFICERS		.5
President:	Irad Ron	2.V
Address:	19-7(~) 1 10/10 Days	
	Tarzana, CA 91356	
Vice President:	Romu Ron	
Address:	3848 Kossith Road	
-	Lake Orion, MI 48360	
Secretary:	Hagit Raviv-Ron	
Address:	18760 WOLLS Drive, Tarzana, (A91356	
Treasurer:	Romy Ron	
Address:	3348 Kossuth Road Lake Orion Mi	48360
NOTE: If nece	ssary, you may attach an addendum to the application listing additional officers and/or di	
12	DOMINE	_
	Signature of Director or Officer irector signing this document (and who is listed in number 11 above) affirms that the facts	s stated herein
are true and that	the or she is aware that false information submitted in a document to the Department of Selony as provided for in s.817.155, F.S.	tate constitutes
13	Romy Ron - Vice Chairman, Vice Presi	dent. Treasure
	(Typed or printed name and capacity of person signing application)	<u></u>





This is to Certify That

R&R HOSPITALITY GROUP, INC.

was validly incorporated on August 2, 2016, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 22nd day of March, 2017.

ulia Dale

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau