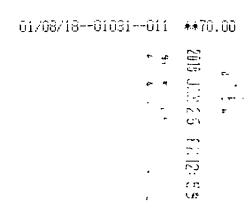
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(Requ	uestor's Name)		
(Address)			
(Addi	ess)		
(City/	State/Zip/Phone	<del></del>	
PICK-UP	MAIT	MAIL	
(Busi	ness Entity Nan	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Fi	ling Officer:		

Office Use Only



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JAM 29 2018 J. HARRIS

### **COVER LETTER**

TO:	Registration Se						
	Division of Cor	porations					
	REBOLA	AND, CORP.			1		
SUBJ	ECT:						
		Name	of corporation	ı - must ir	clude suffix		
Dear S	Sir or Madam:						
"Certi	ficate of Existence	tion by Foreign Co e," or "Certificate on corporation to t	of Good Sta	nding" an	d check are sub	et Business in Florida," mitted to register the	
Please	return all corresp	pondence concern {	ing this matte EZEQUIEL OI				
-			Name of REBOLAND				_
		32	Firm/Con 50 NE 1ST AV		305		_
			Addr MIAMI, F			PATRICE CONTRACTOR OF THE PATRICE CONTRACTOR	_
		EZE	City/State a QUIEL@REB				_
		E-mail address	: (to be used	for future	annual report n	otification)	_
For fu	rther information	concerning this it	natter, please	call:			
	EZEQUIEL OI.EM	ивеrg	424 at (	)	205-789	1	
	Name of Perso	'n	Area Cod	le	Daytime Teleph	none Number	
	STREET/COU Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FI	rporations g : Center Circle	S:		MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	
Enclos	sed is a check for	the following amo	ount:				
<b>■</b> \$70	0.00 Filing Fee	S78.75 Filin Certificate			Filing Fee & d Copy	S87.50 Filing Fee. Certificate of State Certified Copy	ıs 8



PLORIDA DEPARTMENT OF STATE Division of Corporation

January 9, 2018

EZEQUIEL OLEMBERG 3250 NE 1ST AVE, SUITE 306 MIAMO, FL 33137

SUBJECT: REBOLAND, CORP Ref. (Number: W18000002218

We have received your document for REBOLAND, CORP, and your check(s) totaling \$70,00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an Individual or another business entity with an active registration or fixing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your titing will be considered abandoned.

If you have any questions concerning the tiling of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Lotter Jumber: 018A00000558

www.minbiz.drg

Division of Corporations - P.O. BOX 6327 Tallahassee, Florida 32314

14 ٠٠,

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTE\$, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINES\$ IN THE STATE OF FLORIDA.

1. REBOLAND, O	CORP.		
	corporation; must include "INCORPORATED," "C Corp," "Inc," "Co," or "Corp.")	OMPANY," "CORPORATION,"	
(If name unava	ilable in Florida, enter alternate corporate name adop	oted for the purpose of transacting	business in Florida)
2. DE	ELAWARE 3.	30-0881101	
(State or coun	try under the law of which it is incorporated) 3.	(FEI number, if appl	icable)
4.	08/26/2015 5		
	te of incorporation)	(Date of duration, if other th	an perpetual)
6.			
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,	F.S., to determine penalty liability	)
7	3250 NE 1st Ave. Suite 3	05 Miami, FL 33137 ffice address)	
	trimeiparo	ffice address)	
	(Current mailing ac	ldress if different)	£ 1000
8. Name and str	eet address of Florida registered agent: (P.O. B	ox NOT acceptable)	£ .
Name:	Registered Agents Inc.	<del></del>	. 63
Office Address:	3030 N. Rocky Point Dr. STE 150A	_	
	Татра	_ , Florida <u>33607</u>	. (2)
	(City)	(Zip code)	• •

#### 9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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 Agents Inc.

Bill Havre - Assistant Secretary

(Registered agent's signature)

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 a	nd business addresses of officers and/or directors:	
A. DIRECT	ORS EZEQUIEL OLEMBERG	
Chairman:	•	
Address:	3250 NE 1st Ave. Suite 305	
	Miami, FL 33137	
Vice Chairman	n:	
Address:		
Director:		
Director:		
P OFFICE	rne	
B. OFFICE	EZEOUIEL OLEMBERG	
Address:	3250 NE 1st Ave. Suite 305	
	Miami, FL 33137	
Vice Presiden	t:	
Address:		
	EZEQUIEL OLEMBERG	
Secretary:	3250 NE 1st Ave. Suite 305 Miami, FL 33137	., 15
		(n)
-	necessary, you may attach an addendum to the applica	ntion listing additional officers and/or directors.
The officer of are true and	Signature of Director or director signing this document (and who is listed in	n number 11 above) affirms that the facts stated hereined in a document to the Department of State constitutes
13	(Typed or printed name and capacity of	
	(13) co or pranted name and capacity or	Action de Principalions

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "REBOLAND, CORP." 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-SECOND DAY OF NOVEMBER, A.D. 2017.

The state of the s

5810900 8300 SR# 20177204981 Authentication: 203618204

Date: 11-22-17