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(Re	equestor's Name)	1				
(Address)						
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(Document Number)						
Certified Copies	_ Certificate	s of Status				
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COVER LETTER

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TO:	Registration Section Division of Corporation	ns	•		
SUBJI	PCT.	RA	C3204, LLC	£-	
SUBJ.	EC1:	Name of I	Limited Liability Comp	any	
				to Transact Business in Florida," Certificate o ability company to transact business in Florida	
Please	return all correspondence	concerning this matter to the	following:		
		THA	MARA PEREZ		
	·· · · · · · · · · · · · · · · · · · ·	N	ame of Person		
		TABAL	DESA ASSOCIATES		
		Fi	rm/Company		
		419 W	49 ST , STE - 111		
	Address				
	HIALEAH , FL 33012				
		City/S	tate and Zip Code		
			P@TABADESA.CON		
	<u>,,</u>	E-mail address: (to be used	for future annual repo	rt notification)	
For fu	rther information concerni	ng this matter, please call:			
	THAM	MARA PEREZ	305 at()	558 - 0622	
	Name	of Contact Person	Area Code	Daytime Telephone Number	
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314		Div Reg Clif 266	REET ADDRESS: ision of Corporations istration Section from Building 1 Executive Center Circle ahassee, FL 32301	
Enclos	sed is a check for the follow \$125,00 Filing Fee	wing amount: \$130,00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fe Certified Copy	e & \$160.00 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 '	RAG	C3204 , LLC				
(Name of Fore	eign Limited Liability Company, mus-	t include "Limited Li	ability Company," "L.L.C.," or	"LLC.")		
(If name unavailable, enter a Liability Company," "L.L.C,	Iternate name adopted for the purpose	of transacting busine	ess in Florida. The alternate nam	e must include "Limited		
DELAWARE	of Libe.)					
(Jurisdiction under the law	of which foreign limited liability	3	(FEI number, if applicable)			
company is organized)	UPON OUA	LIFICATION				
4	(Date first transacted busines	s in Florida, if prior	to registration)	_		
5	(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 419 W 49 ST, STE - 111					
5		. 22010		-		
	HIALEAH, FI		·	_		
	(Street Address of P	•				
6	419 W 49 ST,	,316-111		-		
	HIALEAH , F			_		
	(Mailing A	(ddress)	•			
 Name and <u>street addres</u> 	ss of Florida registered agent: (P (O. Box <u>NOT</u> accer	otable)			
Name:	THAMARA PEREZ					
Office Address:	419 W 49 ST, STE - 111					
	HIALEAH		, Florida 33012			
	(City)		(Zip code)	-		
this application, I hereby	_ / ll	ered agent and agr	ree to act in this eapacity. I j	further agree to comply		
8. The name, title or capa	acity and address of the person(s) THAM	who has/have autho	ority to manage is/are:			
	419 W 4	9 ST , STE - 111	7			
	HIALEA	AH, FL 33012	_			
jurisdiction under the law of the translator must be s	- The	ortificate is in a fore	eign language, a translation of	the certificate under oath		
degree felony as provided	for in s.817.155, F.S.)	ARA PEREZ				
		rinted name of signee		-		
	ryped or pr	transportation of Signer	•			

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RAC3204, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF MAY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RAC3204, LLC" WAS FORMED ON THE TWENTIETH DAY OF MAY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5750754 8300

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

DATE: 05-21-15

Jeffrey W. Bullock, Secretary of State (CATION: 2397874