

MIS000005121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

WIS00039887

JUN 01 2015

T. SCOTT



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06/04/15--01003--015 **155.00

15 JUN 22 AM 8:26



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2015

RAWLE JUGLAL
RAJA-N-RANEE, LLC
344 HAMMOCKS TRL
GREENACRES, FL 33413

SUBJECT: RAJA-N-RANEE, LLC
Ref. Number: W15000039887

RECEIVED
15 JUN 22 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for RAJA-N-RANEE, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II

Letter Number: 815A00012035

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RAJA-N-RANEE, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Rawle Juglal

Name of Person

RAJA-N-RANEE, LLC

Firm/Company

344 Hammocks TRL

Address

Greenacres, FL 33413

City/State and Zip Code

raja3rancee@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rawle Juglal

561

287-2782

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy

☐ \$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. RAJA-N-RANEE, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. OKLAHOMA

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-2173480

(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. _____

344 Hammocks TRL, Greenacres, FL 33413

(Street Address of Principal Office)

6. 344 Hammocks TRL, Greenacres, FL 33413

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

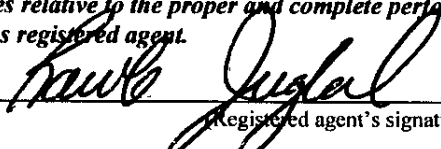
Name: Rawle Juglal

Office Address: 344 Hammocks TRL

Greenacres, Florida 33413
(City) (Zip code)

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.

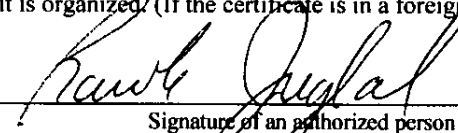

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Rawle Juglal, Owner - 344 Hammocks TRL, Greenacres, FL 33413

Traci Juglal, Owner - 344 Hammocks TRL, Greenacres, FL 33413

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized? (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)


Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

Rawle Juglal

Typed or printed name of signee

15 JUL 22 AM 8:26

OFFICE OF THE SECRETARY OF STATE



**CERTIFICATE
OF
REINSTATEMENT**

WHEREAS, the Application for Reinstatement of

RAJA-N-RANEE, LLC

has been filed in the office of the Secretary of State as provided by the laws of the State of Oklahoma.

NOW THEREFORE, I, the undersigned, Secretary of State of the State of Oklahoma, by virtue of the powers vested in me by law, do hereby issue this certificate evidencing such reinstatement.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the Great Seal of the State of Oklahoma.



*Filed in the city of Oklahoma City this
26th day of May, 2015.*

A handwritten signature in cursive script, reading "Chris Benson", is written over a horizontal line.

Secretary of State



OKLAHOMA SECRETARY OF STATE

Chris Benge
Secretary of State

2300 N. Lincoln Blvd., Room 101
Oklahoma City, OK 73105-4897

Mary Fallin
Governor

May 26, 2015

RECEIPT

Page 1 of 1

Attn: RAWLE JUGLAL
RAJA-N-RANEE LLC
PO BOX 215
LUTHER OK 73054

Client ID: 177986442

Session ID: 052615CNZWTY

Process Date: 05/26/2015

Receive Date: 05/26/2015

Document Number	Document Detail	Filing Number	Entity Name	Page Count	Fee
27496580002	Reinstatement	3512396107	RAJA-N-RANEE, LLC		\$25.00

Total Document Fees \$25.00

Payment Type	Payment Reference	Amount
ACH	352302	\$25.00
Total Payments Received		\$25.00

Note: Any overpayment will be refunded within 15 days of receipt of written request, or an automatic refund will be issued in 60 days
Evidence of Filed Document(s) or Orders(s) requested is enclosed.
Please include Client ID number on all correspondence.

FILED - Oklahoma Secretary of State #3512396107 05/26/2015
OKLAHOMA Secretary of State Electronic Filing

Reinstatement

Document Number 27496580002 Submit Date : 5/26/2015

I hereby execute the following articles for the purpose of reinstating a limited liability company pursuant to the provisions of Title 18, Section 2055.2:

The name of the limited liability company is:
RAJA-N-RANEE, LLC

If different, the name under which the limited liability company was registered in the state of Oklahoma:

The state or other jurisdiction of its formation:
OK

Is the Limited Liability Company active? YES

The address of the principal place of business address, wherever located:
6813 NW 136TH CT
OKLAHOMA CITY, OK 73142 USA
Email: RAJA3.RANEE@GMAIL.COM

The annual certificates due and paid by this reinstatement are:

<u>YEAR:</u>	<u>DUE DATE:</u>
2015	8 Mar 2015

Signature of Member or Manager:

I hereby certify that the information provided on this form is true and correct to the best of my knowledge and by attaching the signature I agree and understand that the typed electronic signature shall have the same legal effect as an original signature and is being accepted as my original signature pursuant to the Oklahoma Uniform Electronic Transactions Act, Title 12A Okla. Statutes Section 15-101, et seq.

Signature:
RAWLE JUGLAL
Title:
OWNER

[End Of Image]