# M15000005194

(Re	equestor's Name)					
(Ad	ldress)					
( <b>A</b> d	ldress)					
(Cil	ty/State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	isiness Entity Nar	me)				
(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions to	Filing Officer:					

Office Use Only



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> 15 JUN 29 PM 3: 32 SECRETARY OF STATE TALLAHASSEE, FLORID!

RECEIVED

SECSETARY OF STATA

J. HARRIS

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#### COVER LETTER

Divisi	ion of Corporatio	ns , ,				
	Relocation Service	•				
oriect: _			of Limited Liability C	ompany		-
					ansact Business in Florida,' y company to transact busin	
lease return a	Il correspondence	concerning this matter to the	ne following:			
	Hanan Assayaş	9				
	<del></del>		Name of Person			•
	Relocation Ser	vice Specialists, LLC				
			Firm/Company			•
	9835-16 Lake Worth road suite 257					
			Address			•
	Lake Worth, Fl	L33467				
		City	State and Zip Code	··· -· · · · ·		•
	info@rssllc.net					
		E-mail address: (to be us	sed for future annual	report no	tification)	•
For further info	rmation concerning	g this matter, please call:				
Hanan Assayag		561	31264	-		
	Name o	of Contact Person	at ( Area Code	Day	vtime 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		·		
	heck for the follow 25.00 Filing Fee	ring amount:  \$\frac{1}{2}\\$130.00 Filing Fee &  Certificate of Status	☐ \$155.00 Filing Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Co	

### FLORIDA DEPARTMENT OF STATE **Division of Corporations**

May 20, 2015

HANAN ASSAYAG 9835-16 LAKE WORTH ROAD SUITE 257 LAKE WORTH, FL 33467

SUBJECT: RELOCATION SERVICE SPECIALISTS LLC

Ref. Number: W15000035804

We have received your document for RELOCATION SERVICE SPECIALISTS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

It appears the spelling of the Registered Agent does not match the spelling of the Manager.

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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 415A00010665

IN FLORIDA

• N CÓMPLIANCE WITH SEC	TION 605 <i>0</i> 902, FLORIDA STAT	UTES, THE FOLLOW	ING IS SUBMITTED TO REGISTER A F	OREIGN LIMITED LIABILITY
COMPANYTOTRANSACTBU Relocation Service Spe	ISINESS IN THE STATE OF FLO	ORIDA:		
•		e must include "I im	ited Liability Company," "L.L.C.," or "	910"
(Name of Fore	agn Lumied Liability Company	y, must include Lim	ned Liability Company, L.L.C., of	LLC. )
		urpose of transacting	business in Florida. The alternate name	e must include "Limited
iability Company," "L.L.C," DE	" or "LLC.")			
	of which foreign limited liabili	3	(FEI number, if applicable)	<del></del>
company is organized)			(	
•	(Date first transacted b	ousiness in Florida, if	prior to registration.) etermine penalty liability)	
113 Barksdale Professi	(See sections 605.0904 & ional Center, Newark, DE 19		etermine penalty liability)	
· · · · · · · · · · · · · · · · · · ·				
			<del></del>	
.9835-16 Lake Worth Re	(Street Addres) oad Suite 257, Lake Worth,	ss of Principal Office FL 33467	·)	<u>≥</u> % <b>ज</b>
	, , , , , , , , , , , , , , , , , , , ,			- Land (177)
	0.4.	iling Address)		FILE! JUN 29 F JUN 35EE
	`	,		
Name and street addres	s of Florida registered agent	t: (P.O. Box <u>NOT</u>	_acceptable)	- H <del></del>
Name:	Hanan Assayag			FLORIDATE FLORIDATE
Office Address:	9835-16 Lake Worth Road	9835-16 Lake Worth Road Suite 257		
Office Address.	Lake Worth	• • • • • • • • • • • • • • • • • • • •	33467	
	(Cit	ty)	, Florida (Zip code)	
egistered agent's accept aving been named as re		et service of process	s for the above stated corporation (	at the nlace designated in
is application, I hereby	accept the appointment as r	registered agent an	nd agree to act in this capacity. I fi	urther agree to comply
	statutes relative to the prope tion as registered agent.	er and complete pe	rformance of my duties, and I am	familiar with and accept
		$\mathcal{U}$		
		egistered agent's sig	nature)	
. The name, title or capa	city and address of the person	on(s) who has/have	authority to manage is/are:	
lanan Assayag Manager			, ————————————————————————————————————	
			<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	
	<u> </u>		<u> </u>	
<del></del>	- <del>1</del>			<del></del>
Attached is a certificate	of existence, no more than 9	90 days old, duly at	uthenticated by the official having c	sustody of records in the
risdiction under the law	of which it is organized. (If t		a foreign language, a translation of	
the translator must be su	ibmitted)	1		
			A	
		atur ei an authorize	_	
			nt constitutes an affirmation under t nitted in a document to the Departn	
gree felony as provided		se maorinamon subt	muon ma uoonniem to use Departit	win or state constitutes a ti
	Hanan Assayag			

# Delaware

PAGE 1

### The First State

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

DELAWARE, DO HEREBY CERTIFY "RELOCATION SERVICE SPECIALISTS 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-THIRD DAY OF JUNE, A.D. 2015.

5742636 8300

150961498

AUTHENTYCATION: 2494213

DATE: 06-23-15

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