# M1500001395

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:  NO CEH. NIS-58873							
Office Use Only							



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SECRETARY OF STATE FALLAHASSEE, FLORIDA

SEP 1 7 2015

**3 MASON** 



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 4, 2015

DEREK ROWLEY 4730 SOUTH FORT APACHE ROAD, SUITE 300 LAS VEGAS, NV 89147

SUBJECT: RASA PROPERTIES, LLC

Ref. Number: W15000058873

We have received your document for RASA PROPERTIES, LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

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.

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return 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.

Stacey M Mason Regulatory Specialist II

Letter Number: 615A00018820

#### COVER LETTER

	Registration Section Division of Corporations					
SUBJEC	RASA PROPERTIES, LLC					
•	Name of I	imited Liability Company				
		any for Authorization to Transact Business in Florida," Ce enced foreign limited liability company to transact business				
Please re	eturn all correspondence concerning this matter to the f	following:				
	DEREK ROWLEY					
Name of Person						
NEVADA-BUSINESS MANAGEMENT SERVICES, INC						
Firm/Company						
4730 SOUTH FORT APACHE RD, STE 300						
Address						
LAS VEGAS, NV-89147						
City/State and Zip Code						
	clientservices@nchinc.com					
E-mail address: (to be used for future annual report notification)						
For furth	ner information concerning this matter, please call:					
	Derek Rowley	800 508-1726 at ()				
	Name of Contact Person	at () 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				
	d is a check for the following amount:  □ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certified Copy of Status & Certified Copy	ficate			

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, IT LE FOLLOWING IS SUBMITTED TO REGISTER À FOREIGN. LIMITED L'ABILITY. COMPANYTO TRANSACT BUSINESS INTILE STATE OF FLORIDA:

COMPANYTO TRANSACT BU	ISINESS INTI IE STATE OF FLORID	И;					
RASA PROPERTIES.							
(Name of Fore	rign Limited Clability Company; m	ust include "Limited Lia	bility Company." L.L.	C.," or "LLC.")			
(If name unavailable enter al	ternate name adopted for the purpo	se of transacting busines	ss in Florida. The alterna	ate name must include	"Limited		
Liability Company," "L.L.C."	" or "LLC,")	0. 0					
2. NEVADA		3. 45-4476126					
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if appl	licable)			
4. NON APPLICABLE			,				
THE PARTY AND TH	(Date first transacted busin (See sections 605.0904 & 603	ess in Florida, if prior to	registration.)				
5. 4730 S. FORT APACI			o passang macrosy,				
LAS VEGAS, NV 8914	47		,	73. NO	, m* *		
W	(Street Address of	Principal Office)			emetaril.		
6. P.O. BOX 27740				光光 名	acamana.		
LAS VEGAS, NV 8912	7.		The second se		-		
LAG VLOAD, IV V OZE		Address)	Company of the contract of the	Size of			
7. Name and street address	g of Florida registered agent: (F	O. Box NOT accent	able)	TH 0	7		
•	Business Filings Incorporated	· · · · · · · · · · · · · · · · · · ·	2010,	ESTA :			
Name:	1208 Couth Dine Juloud David				29 29		
Office Address:			_				
	Plantation		, Florida 33324				
Registered agent's accept	(City)		(Zip cod	e)			
Having been named as rej	gistered agent and to accept ser	vice of process for the	above stated corpora	ation at the place de	signated in		
this application, I hereby a	accept the appointment as regis tatutes relative to the proper an	tered agent and agree	to act in this capacit	ty. I further agree to	comply		
the obligations of my posit	tion as registered agent.	a complete perjorma	nce of my ann <b>es, an</b> a	1 um jumutar wun	ани ассерт		
	Bunnorthit	toraints	inatoni	L			
	(Rogist	ered agent's signature)		7			
8. The name, title or capp	city and address of the person(s)	) who has/have author	ity to manage is/are:	•			
•	ANAGEMENT SERVICES, IN						
ATROS FORT APACHE	RD, STE 300, LAS VEGAS, N	V 80147					
	(15, 1711, 2017, 1211, 1712, 171	7 02111					
. promotion of the control of the co	r whomse approximations, the time of groups on a single experimental experiments.	· · · · · · · · · · · · · · · · · · ·					
Attached is a certificate of	of existence, no more than 90 da	ays old, duly authentic	ated by the official hi	aving custedy of rec	ords in the		
	I which it is organized. (If the c	ertificate is in a foreig	n language, a translat	tion of the certificate	a under oath		
of the translator must be sul	omitted)	0.					
	Signature	of an authorized person	7				
This document is executed	in accordance with section 605.	•		nat any faise informa	tion		
ubmitted in a document to	the Department of State constitu	ites a third degree felo	ony as provided for in	s.817.155, F.S.			
	PEREK	ADING Y					
	Typed or p	rinted name of signee		•			

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, RASA PROPERTIES LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 3, 2012, and is in good standing in this state.

A Total

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 4, 2015.

Barbara K. Cegavske

BARBARA K. CEGAVSKE

Secretary of State

Electronic Certificate
Certificate Number: C20150804-1501
You may verify this electronic certificate
online at http://www.nvsos.gov/