M150000 10280

(Red	questor's Name)			
(Add	lress)			
(Ado	lress)			
(City	//State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to F	filing Officer:			





000277992200

10/20/15--01028--014 **155.00

2015 DEC 23 PM 12: 11
SECRETARY OF STATE

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	RAYAAN LLC						
Name of Limited Liability Company							
The enclosed Existence, and	"Application by For d check are submitte	eign Limited Liability Comp d to register the above refere	any for Authoriza enced foreign limit	tion to Tra ted liability	ansact Business in Florida," (y company to transact busine	Certificate of ss in Florida	
Please return	all correspondence c	oncerning this matter to the	following:				
	Julia Greenberg	g-Aguilar					
		Na	ame of Person				
	MyUSAcorporation.com						
Firm/Company							
	1 Radisson Plaz	za, Suite 800					
			Address			•	
	New Rochelle,	NY 10801					
City/State and Zip Code							
	rayaanllc@gmail	.com					
		E-mail address: (to be used	for future annual	report not	tification)		
For further in	formation concerning	g this matter, please call:					
Julia	Greenberg-Aguilar		877 at (330-26	77		
	Name o	f Contact Person	Area Code	Day	time Telephone Number		
Divi Regi P.O.	ILING ADDRESS: sion of Corporations stration Section Box 6327 shassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section suilding secutive Center Circle see, FL 32301		
	check for the follow 125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	■ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Cer of Status & Certified Copy		



December 9, 2015

JULIA GREENBERG-AGUILAR MYUSACORPORATION.COM 1 RADISSON PLAZA, STE 800 NEW ROCHELLE, NY 10801

SUBJECT: RAYAAN LLC Ref. Number: W15000069806

We have received your document for RAYAAN 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 name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 015A00022275

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

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

COMPANY TO TRANSACT BU	ISINESS IN THE STATE OF FLORIDA:		
RAYAAN LLC			
(Name of Fore	ign Limited Liability Company; must include "L	imited Liability Company," "L,L.C.," or "LLC)
RAYAAN HERBALS LI	.C		
Liability Company," "L.L.C,"	ternate name adopted for the purpose of transaction or "LLC.")	ng business in Florida. The alternate name mu	st include "Limited
2. Delaware	3.		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4. <u>N/A</u>			
	(Date first transacted business in Florida. (See sections 605.0904 & 605.0905, F.S. to	, if prior to registration.) o determine penalty liability)	
512201 NW 35th Street			
Coral Springs, FL 3306			26 3
	(Street Address of Principal Offi	ice)	DEC :
6. 12201 NW 35th Street			23 F
Coral Springs, FL 3306	55		4 · •
	(Mailing Address)		2
7 Name and start address	a of Clouide nanistaned quenty (D.O. Derr. N.C.	OT accomtable)	PN 12:
7. Name and street addres	s of Florida registered agent: (P.O. Box NC	or acceptable)	31 -
Name:	Incorp Services, Inc		Jr-
Office Address:	17888 67th Court North		·
	Loxahatchee	, Florida <u>33470</u>	
Registered agent's accept	(City)	(Zip code)	
Having been named as red designated in this applicat to complywith the provision	gistered agent and to accept service of proceion, I hereby accept the appointment as regions of all statutes relative to the proper and my position as registered agent. Registered agent's	gistered agent and agree to act in this cap complete performance of my duties, and	pacity. I further agree
8. The name, title or capa	city and address of the person(s) who has/ha	we authority to manage is/are:	
1. Sherif Selim - Oruba St	. Olaya, Riyadh, Saudi Arabia - AMBR		
2. Ahmed Selim - Oruba S	St. Olaya, Riyadh, Saudi Arabia - AMBR		_
 			
	of existence, no more than 90 days old, duly of which it is organized. (If the certificate is abmitted)		
	Signature of an author	ized person	
	Č	•	
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (b) the Department of State constitutes a third d	, Florida Statutes. I am aware that any falso legree felony as provided for in s.817.155,	information F.S.

Typed or printed name of signee

Sherif Selim

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "RAYAAN 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 SEPTEMBER, A.D. 2015.



Authentication: 10129275

Date: 09-21-15

SPECIAL AND REVOCABLE LIMITED POWER OF ATTORNEY

TO ALL PERSON, be it known, that INCORP SERVICES, INC., A Nevada corporation as Grantor, does hereby make and grant a limited and specific power of attorney to Anthony Morales and appoint and constitute said individual as my attorney-in-fact.

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation in the presence:

Authority to accept appointment as registered agent on behalf of InCorp Services, Inc. (a Nevada Corporation) for entities which *Selene Enterprises LLC dba MyUSA corporation.com* have purchased agent service on through their account with InCorp Services, Inc.

TERMINATION: Unless sooner revoked or terminated by me, the Special Power of Attorney shall become NULL and VOID from and after December 31, 2015.

Aurora Murrey, Secretary

County of Clark

Signed in my presence this the 19th day of January 2015 by Aurora Murtey, State of Nevada. County of Clark

Notary Public in the State of Nevada

CRYSTAL TEMPLE
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 11-20-17
Certificate No: 09-11437-1

Dated: January 19, 2015