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Florida Department of State Division of Corporations

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To:					
	Division of Corporations				
	Fax Number	: (850)617-6383			
From:					
	Account Name	: INCORPORATING SERVICES FL			
	Account Number	: I20050000052			
	Phone	: (850)656-7956			
	Fax Number	: (850)656-7953			
<pre>**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**</pre>					
Email Address	:				



ξ		(2/3) 04/12/20	16 09:52:14 AM
APPLICATION BY FOREIGN L	IMITED LIABILITY COMPA IN FLORI	NY FOR AUTHORIZATION TO 1 DA	TRANSACT BUSINESS
IN COMPLIANCE WITH SECTION 605.09 COMPANY TO TRANSACT BUSINESS IN T	10, FLORIDA STATUTES, THE FOLLO THE STATE OF FLORIDA:	WING IS SUBMITTED TO REGISTER A F	OREIGN LIMITED LIABILITY
I. RARMNA Holdings LLC (Name of Foreign Limited	Liability Company; must include "L	mited Liability Company," "L.L.C.," or "	LIC")
(If name unavailable, enter alternate name Liability Company," "L.L.C," or "LLC.")	e adopted for the purpose of transactin	ng business in Florida. The alternate name	must include "Limited
2 Delaware	3		
(Jurisdiction under the law of which for company is organized)	eign limited liability	(FEI number, if applicable)	
4. ^{17/2}			
(Da (Soc se	te first transacted business in Florida, ections 605.0904 & 605.0905, F.S. to	if prior to registration.) determine penalty liability)	
4020 Jackson Bivd., Suite 3, Rapi		······································	
· · · · · · · · · · · · · · · · · · ·			and the later

6. 4020 Jackson Bivd., S	16 APR SECRET ALL AND	
····		
· .	(Mailing Address)	
7. Name and street addre	- (· · · · · · · · · · · · · · · · · ·	
Name:	NRAI Services, Inc.	ž≥ N
Office Address:	1200 South Pine Island Road	
	Plantation Florida 33324	
	(City) (Zip o	ode)

Registered agent's acceptance:

1 . . . E.m.

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

NRAI Services, By: ling NU (Registered agent's signature)

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

20

Raphael Treitel, 4020 Jackson Blvd., Suite 3, Rapid City, SD 57702 - Manager

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Raphael Treitel



Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RARMNA HOLDINGS 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 ELEVENTH DAY OF APRIL, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RARMNA HOLDINGS LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF FEBRUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

APR NØ



Authentication: 202128323 Date: 04-11-16

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SR# 20162217470 You may verify this certificate online at corp.delaware.gov/authver.shtml