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(Requestor's Name)		
(Address)		
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PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of State	us	
Special Instructions to Filing Officer:		





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J. HORRESTE

COVER LETTER

Division of Corporations
SUBJECT: REPORT REPORT SUBJECT: Report Subject
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:
Justin Brook Name of Person
Name of Person
Kramer & Golden P.A
Firm/Company
1175 N.E 125th Street
Address
Micimi, FL 33161 City/State and Zip Code
JGB @ KGPALAW . COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Orsula Kawa at 30s 496-2132- Name of Contact Person Area Code Daytime Telephone Number
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: \$\Begin{array} c c c c c c c c c c c c c c c c c c c



June 17, 2016

JUSTIN BROOK KRAMER & GOLDEN P.A. 1175 NE 125TH STREET MIAMI, FL 33161

SUBJECT: RFB LOGISTICS LLC Ref. Number: W16000043845



We have received your document for RFB LOGISTICS LLC and your check(s) totaling \$160.00. 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.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 916A00012827

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

COMPANYTOTRANSACTBU 1 RFB LOC	TON 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTRATES IN THE STATE OF FLORIDA:	
(If name unavailable, enter all Liability Company," "L.L.C,"	ernate name adopted for the purpose of transacting business in Florida. The alternat or "LLC.")	
, Delaware	3 81-2819934	
(Jurisdiction under the law company is organized)	of which foreign limited liability 3. \$\xi_1 - 2\xi_1 \qquad \qquad \qquad \qquad \qquad \qquad \qqqqq \qqqqq \qqqq \qqq \qqqq \qqq \qqqq \qqq \qqqq \qqq \qqqq \qqq \qqqq \qqq \qqqq \qqq \qqqq \qqq \qqqq \qqq \qqqq \qqq \qqqq \qqq \qqqq \qqq \qqqq \qqq \qqqq \qqq	cable)
1	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
s. <u>20945</u>	(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) BOU COULT # 137	
Aventur	a, Fl 33180	हिंद के
	(Street Address of Principal Office)	
6		23
		120 m
	(Mailing Address)	
. Name and street addres	s of Florida registered agent: (P.O. Box NOT acceptable)	記 記 5:5
Name:	Justin Brook	जुला म
Office Address:	1175 N.E 125th ST.	
	Marri Fl 33 , Florida 33161	
Registered agent's accept	(City) (Zip cod tance: gistered agent and to accept service of process for the above stated limited	•
designated in this applicate to complywith the provision	ion, I hereby accept the appointment as registered agent and agree to act ons of all statutes relative to the proper and complete performance of my only position as registered agent.	in this capacity. I further agree
	(Registered agent's signature)	
8. The name, title or capa	city and address of the person(s) who has/have authority to manage is/are:	
Orsula Ka	wi	
Manager		······································
20:94 Bay	Court Unit#137 Aventura, FL	33180
9. Attached is a certificate jurisdiction under the law of the translator must be si	of existence, no more than 90 days old, duly authenticated by the official har of which it is organized. (If the certificate is in a foreign language, a translate abmitted)	aving custody of records in the tion of the certificate under oath
	Okana	
	Signature of an authorized person	
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware the Department of State constitutes a third degree felony as provided for in	at any false information s.817.155, F.S.
	ORSUJA Kawa	
	Typed or printed name of signee	-

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "RFB LOGISTICS 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 TWENTIETH DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RFB LOGISTICS LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MAY, A.D. 2016.

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

Authentication: 202517404

Date: 06-20-16