## 116000009249

(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:					





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K. SALY NOV 1 7 2016

## **COVER LETTER**

	Registration Section Division of Corporation	ıs		
SUBJEC	T: Refine	J Capital G Name of L	CO-P, LLC Limited Liability Company	
				ransact Business in Florida," Certificate of ty company to transact business in Florida
Please ret	turn all correspondence o	oncerning this matter to the	following:	
	ACM	ando Diaz	ume of Person	
Firm/Company				
6900 Bird Rd #557568				
			Address	
•	Mian	li, FL 33255		
		City/St	ate and Zip Code	
- I	infoe	polished homest E-mail address: (to be used	dutions. Com	otification)
For further	er information concernin	g this matter, please call:		
_	promando Dia	of Contact Person	_at ( <b>305</b> )	791-0003
	Name o	of Contact Person	Area Code Da	sytime Telephone Number
]	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registra Clifton 2661 Ex	T ADDRESS: n of Corporations ation Section Building secutive Center Circle ssee, FL 32301
	is a check for the follow \$125.00 Filing Fee	ing amount:  \$\Bigsim \text{\$\text{\$\text{\$\text{\$130.00 Filing Fee & }}}\$}  Certificate of Status	\$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:					
(Name of Foreign Limited Liability Company; must include "Limited Liability Company." "L.L.C.," or "L.L.C.,"					
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The ulternate name must include "Limited Liability Company," "L.L.C." or "L.L.C.")					
2. Nevada 3. (Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)					
4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)					
(See sections 605.0904 & 605.0905, F.S. to determine penalty hability)  5. 72.55 5 \( \text{72.55} \) 5 \( \text{79.57} \)	ŧ				
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  5. 72.55 SV 19 ST  MIGNI FI 77/SS  (Street Address of Principal Office)  6. 6900 Bird Rol #557568  MIGNI, FL 33255  (Mailing Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	, o				
6. 6900 Bird Rol #557568	てて				
Miami, FL 33255  (Mailing Address)	Ĺ				
(Mailing Address)					
Name: Business Filings Incolpelated					
Office Address: 1200\$ Pine Island food  Plantation , Florida 77324 (City) (Zip code)					
Plantation , Florida 77324					
Registered agent's acceptance:					
Having been named as registered agent and to accept service of process for the above stated corporation 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.					
Bris D. Klassen - Asst. Secretary for Business Filings Incorporated (Registered agent's senature)					
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:					
Armando Pinz manager 6900 Bird Rd # 557568 Miami Fc 33255					
Armando Pinz manager 6900 Bird Rd #557568 Miami FL 33255 Geraldina sorsille manager 6900 Bird Rd #557568 Miami FL 33255					
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.					
Typed or printed name of signee					
Typed or printed 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, REFINED CAPITAL GROUP, 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 September 20, 2016, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 17, 2016.

BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20161017-1890
You may verify this electronic certificate
online at http://www.nvsos.gov/