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Florida Department of State  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : NRAI SERVICES, LLC  
Account Number : T30086000104  
Phone : (302) 674-4089  
Fax Number : (302) 674-8306

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company  
A&R FAMILY OFFICE LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 DEC 22 AM 11:13

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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:

1. A&R FAMILY OFFICE L.L.C. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 81-4757817 (FEI number, if applicable)

4. (Date first transacted business in Florida, or prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5800 NW 171st Street Hialeah, FL 33015 (Street Address of Principal Office)

6. 5800 NW 171st Street Hialeah, FL 33015 (Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: NRAI Services, Inc. Office Address: 1200 South Pine Island Road Plantation, Florida 33324 (City) (Zip code)

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Registered agent's acceptance: 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.

By: NRAI Services, Inc. (Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: John Rhodes, President 5800 NW 171st Street Hialeah, FL 33015

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.

John Rhodes (Typed or printed name of signee)

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "A&R FAMILY OFFICE 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-SECOND DAY OF DECEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "A&R FAMILY OFFICE LLC" WAS FORMED ON THE NINETEENTH DAY OF DECEMBER, A.D. 2016.

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Jeffrey W. Bullock*  
Jeffrey W. Bullock, Secretary of State

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You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203568494

Date: 12-22-16