(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Dugingan Fatikuhlana)							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
WN Juany							

Office Use Only



300296677783

03/20/17--01017--010 **125.00

04/06/17--01017--002 **1055.00

17 ASR -4 TH 1:59

O SIMMONS APR 0 6 2017



March 23, 2017

ELIZAABETH BECK 425 N FEDERAL HWY HALLANDALE, FL 33009

SUBJECT: RAINBOW 18, LLC Ref. Number: W17000024919

2017 APR -4 PM 2: 10

We have received your document for RAINBOW 18, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$1,055.00.

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.

Octavia I Simmons Regulatory Specialist II

Letter Number: 217A00005582

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:		Rainbow 1	8, LLC						
SCOOL .		Name of Limited Liability Company							
		eign Limited Liability Comp d to register the above refere							
Please return a	all correspondence c	oncerning this matter to the	following:						
	Elizabeth Beck								
		Na	me of Person						
	Lender's Clearing House Management, LLC								
	Firm/Company								
	425 North Fede	ral Highway							
	Address								
	Hallandale, Flo	rida 33009							
	City/State and Zip Code								
	betsy.beck@lchu								
		E-mail address: (to be used	for future annual	report noti	fication)				
For further inf	ormation concerning	g this matter, please call:							
Elizabeth Beck		954 _ at (239-470	00 x 239					
	Name o	f Contact Person	Area Code	Dayı	time 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							
	check for the follow 25.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Co				

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 BUSINESS IN THE STATE OF FLORIDA:

1. Rainbow 18, LLC (Name of Fore	ign Limited Liability Company; m	ust incl	ide "Limited Lie	ibility Company," "L.L.C.," or	r"LLC.")		
Liability Company," "L.L.C."	ternate name adopted for the purpo or "LLC.")	se of tra	insacting busine	ss in Florida. The alternate na	me must includ	de "Limite	ed
2. Delaware		3.	46-2616085				
(Jurisdiction under the law company is organized)	of which foreign limited liability			(FEI number, if applicable	:)		
4. April 22, 2013							
т	(Date first transacted busin (See sections 605.0904 & 60	ness in F	lorida, if prior to	o registration.)			
5. 425 North Federal Hig		5.0905.	r.s, to determin	e penany monny)	_		
Hallandale, Florida 330	009					=	n' '
	(Street Address of	Princip	al Office)		_		
6. 425 North Federal High	iway				_	1	
Hallandale, Florida 330	109					-7	٠.
	(Mailing	Addres	(8)		_		•
7 Name and street address	s of Florida registered agent: (I	P ∩ Ba	v NOT accen	tahla)		::. :::1	
	Herbert Hirsch	г.О. БС	іх <u>1901</u> ассер	iable;		Ð	
Name:				_			
Office Address:	425 North Federal Highway			· -			
	Hallandale			, Florida 33009			
Registered agent's accept	(City)			(Zip code)	_		
Having been named as re- designated in this applica- to complywith the provision	gistered agent and to accept set tion, I hereby accept the appoir ons of all statutes relative to the ny position as registered agent.	ntment e prope	as registered of and complete	igent and agree to act in the eperformance of my dutie	is capacity.	I further	r agree
	(Regis	stered a	gent's signature)				
8. The name, title or capa	city and address of the person(s	s) who	has/have autho	rity to manage is/are:			
Herbert Hirsch, Manager							
3720 South Ocean Blvd	#1501, Highland Beach, FL 334	187					
jurisdiction under the law	of existence, no more than 90 d						
of the translator must be su	іолипеа)	1					
	Cianatur	a of an	authorized perso		_		
			_				
	in accordance with section 605 the Department of State constit					nation	

Typed or printed name of signee

Herbert Hirsch

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "RAINBOW 18, 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 THIRTEENTH DAY OF MARCH, A.D. 2017.

)

Authentication: 202187733

Date: 03-13-17

5323070 8300 SR# 20171581919