M17-00	0009305
(Requestor's Name) (Address)	000305084360
(Address) (City/State/Zip/Phone #)	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	6.49
Office Use Only	
	NOV 0 2 2017 Y SULKER

COVER LETTE	к
-------------	---

TO: Registration Section Division of Corporations

ROYAL PREMIER INVESTMENTS LLC

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:

Sonny Sharma				
	Na	ame of Person		
		rm/Company		
15800 PINES E				
	·	Address		
PEMBROKE P	INES. FL 33027			
	City/St	ate and Zip Code	_	
sonny@rpm-pren				
For further information concerning Sonny Sharma	E-mail address: (to be used g this matter, please call:	954		
Name o	f Contact Person	_ at (Area Code	Dayt	ime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division c Registratio Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section uilding cutive Center Circle ce. FL 32301
Enclosed is a check for the follow \$125.00 Filing Fee	ing amount: □ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Certified Copy	<u>2</u> Fee &	□ \$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:

1 ROYAL PREMIER INVESTMENTS LLC

.

Liability Company," "L.L.C."		97 2127120	
Nevada (Jurisdiction under the law)	3. of which foreign limited liability	82-3137129 (FEI number, if applicable)	
company is organized)	si onici toregi innica naonity	(intrinumber, in appreciate)	
I	(Date first transacted business in F		
	(See sections 605.0904 & 605.0905,	F.S. to determine penalty liability)	
15800 PINES BLVD S	TE 336		
PEMBROKE PINES. F	L 33027		
	(Street Address of Princip	al Office)	
15800 PINES BLVD S	re 336		
PEMBROKE PINES. F	L 33027		
<u></u>	(Mailing Addres	\$)	· س
. Name and street address	s of Florida registered agent: (P.O. Bo	x <u>NOT</u> ucceptable)	
Name:	Sonny Sharma		- 2
	15800 PINES BLVD STE 336		- -
Office Address: 15800 PINES BLVD STE 336			e .
	PEMBROKE PINES	Florida <u>33027</u>	
	(City)	(Zip code)	
	rictanad against and to support or sectors of		AT THA MINEA AACTAM
his application, I hereby a	tatutes relative to the proper and con ion as registered agent.	gent and agree to act in this capacity. I fi pletoperformance of my duties, and I am	urther agree to con
Having been named as rep his application, I hereby a with the provisions of all s	accept the appointment as registered a tatutes relative to the proper and control of a segistered agent.	igent and agree to act in this capacity. I fi	urther agree to con
Having been named as rep his application, I hereby a with the provisions of all s he obligations of my posit	accept the appointment as registered a tatutes relative to the proper and control of a segistered agent.	igent and agree to act in this capacity. I fi plete performance of my duties, and I am ant's signature)	urther agree to con
Having been named as rep his application, I hereby a with the provisions of all s he obligations of my posit	accept the appointment as registered a tatutes relative to the proper and for ion as registered agent. (Registered ag	ngent and agree to act in this capacity. I fi plete performance of my duties, and I am ant's signature) has/have authority to manage is/are:	urther agree to con
Having been named as rep his application, I hereby d with the provisions of all s he obligations of my positi 8. The name, title or capa	accept the appointment as registered a tatutes relative to the proper and for tion as registered agent. (Registered ag city and address of the person(s) who has 15800 PINES BLVD STE 336 PE	ngent and agree to act in this capacity. I find plete performance of my duties, and I amount is signature) mas/have authority to manage is/are: MBROKE PINES, FL 33027	urther agree to con

Signature of an authorized person This document is executed in accordance with section 605()2(B (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. Sonny Sharma 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, **ROYAL PREMIER INVESTMENTS 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 October 5, 2017, and is in good standing in this state.



Electronic Certificate Certificate Number: C20171023-1426 You may verify this electronic certificate online at http://www.nvsos.gov/ IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 23, 2017.

Barbara K. Cegeiste

Barbara K. Cegavske Secretary of State