## M17000009318

(Req	uestor's Name)	
(Add	ress)	
(A.1.1	\	<del></del>
(Add	iress)	
(City	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
	:	
(Bus	iness Entity Nam	ie)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
		ļ

Office Use Only



100305080211

10/30/17-+01021--012 \*\*125.00

## COVER LETTER

то:	Registration Sect Division of Corpo			
SUBJE	RF EXPENS	ES, LLC		
		Name o	of Limited Liability Comp	pany
The end Existen	closed "Application ce, and check are su	by Foreign Limited Liability Constituted to register the above ref	mpany for Authorization t erenced foreign limited lia	to Transact Business in Florida," Certificate ability company to transact business in Flori
lease	return all correspond	dence concerning this matter to the	ne following:	
	Daniel A	syzenberg CPA Esq		
			Name of Person	
	Ayzenbe	erg Law Firm, PLLC		
	<del></del>		Firm/Company	
	37 West	End Avenue Unit 5E		
			Address	·
	Brooklyr	n. NY 11235		
		City	State and Zip Code	
	daniel@cp	pa-esq.com		
		E-mail address: (to be us	ed for future annual repor	rt notification)
or furt	her information con-	cerning this matter, please call:		
	Daniel Ayzenberg	; CPA Esq	718 43	1-3193
	N	lame of Contact Person	<del></del>	Daytime Telephone Number
	MAILING ADDR Division of Corpor Registration Section P.O. Box 6327 Tallahassee, FL 32	rations on	Divis Regi: Clifto 2661	EET ADDRESS: sion of Corporations stration Section on Building Executive Center Circle shassee, FL 32301
inclose	d is a check for the ( ■ \$125.00 Filing F		□ \$155.00 Filing Fee Certified Copy	

## 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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate i		
	ame adopted for the purpose of transacting business	in Florida. The alternate name must include "Limited Liability Company," "L.L.
New York  (Jurisdiction under the law of w	nich foreign limited liability company is organized)	3. 37-1844779
	men roteigo minutea manniny company is organized)	(FEI number, if applicable)
n/a		
	(Date first transacted business in Florida, if p (See sections 605,0904 & 605,0905, F.S. to o	nor to registration.) letermine penalty liability)
37 West End Avenue		6. c/o Ayzenberg Law Firm, PLLC
(Street Address of Brooklyn, NY 11235	fincipal Office)	(Mailing Address) 37 West End Avenue Unit 5E
<del>-</del>	<del></del>	Brooklyn, NY 11235
Name and street address	s of Florida registered agent: (P.O.	Day MAYE
Traine and sireer aguites		Box NOT acceptable)
Name:	Daniel Ayzenberg CPA Esq	
Office Address:	118 Harbor View Lane	
	Relleair Bluffe	22770
gistered agent's accep ving been named as re ignated in this applica comply with the provisi	gistered agent and to accept service tion, I hereby accept the appointme	Florida 33770  (Zip code)  To of process for the above stated limited liability comparate as registered agent and agree to act in this capacity. Oper and complete performance of my duties, and I am
egistered agent's accep aving been named as re signated in this applica comply with the provisi	(City) tance: gistered agent and to accept service tion, I hereby accept the appointme ons of all statutes relative to the pr	(Zip code)  of process for the above stated limited liability compaint as registered agent and agree to act in this capacity, oper and complete performance of my duties, and I am
egistered agent's acceptiving been named as resignated in this applica comply with the provisid accept the obligation.  The name, title or capa	tance: gistered agent and to accept service tion, I hereby accept the appointme ons of all statutes relative to the pro- tion of my position as registered agent (Registered agent city and address of the person(s) wh	(Zip code)  to of process for the above stated limited liability compared as registered agent and agree to act in this capacity.  Oper and complete performance of my duties, and I am  Chi's signature.  To has/have authority to manage is/are:
egistered agent's acceptiving been named as resignated in this applica comply with the provision decept the obligation.  The name, title or capa Title or Capacity:	city and address of the person(s) when the same and Address:	(Zip code)  To of process for the above stated limited liability compaint as registered agent and agree to act in this capacity, oper and complete performance of my duties, and I ament's signature
egistered agent's acceptiving been named as resignated in this applica comply with the provisid accept the obligation.  The name, title or capa	city and address of the person(s) when the many states of the properties of the provided and address:  Daniel Ayzenberg	(Zip code)  To of process for the above stated limited liability comparate as registered agent and agree to act in this capacity.  Title or Capacity:  Name Rod Active:
egistered agent's acceptiving been named as resignated in this applica comply with the provision decept the obligation.  The name, title or capa Title or Capacity:	city and address of the person(s) when the same and Address:	(Zip code)  To of process for the above stated limited liability comparate as registered agent and agree to act in this capacity.  Title or Capacity:  Name Rod Active:
egistered agent's acceptiving been named as resignated in this application comply with the provision discrept the obligation.  The name, title or capatity:	city and address of the person(s) where and Address:  Daniel Ayzenberg  (City)  (City)  (City)  (City)  (City)  (City)  (City)  (City)  (City)  (Registered a)  (Registered a)  (Address:  Daniel Ayzenberg  37 West End Avenue United	of process for the above stated limited liability compared as registered agent and agree to act in this capacity.  Oper and complete performance of my duties, and I amount as signature.  Title or Capacity:  Name Rod Act SE
egistered agent's acceptiving been named as resignated in this application comply with the provision discrept the obligation.  The name, title or capatity:	city and address of the person(s) where and Address:  Daniel Ayzenberg  (City)  (City)  (City)  (City)  (City)  (City)  (City)  (City)  (City)  (Registered a)  (Registered a)  (Address:  Daniel Ayzenberg  37 West End Avenue United	of process for the above stated limited liability compared as registered agent and agree to act in this capacity.  Oper and complete performance of my duties, and I amount as signature.  Title or Capacity:  Name Rod Act SE
egistered agent's acceptiving been named as resignated in this application comply with the provision discrept the obligation.  The name, title or capatity:	city and address of the person(s) where and Address:  Daniel Ayzenberg  (City)  (City)  (City)  (City)  (City)  (City)  (City)  (City)  (City)  (Registered a)  (Registered a)  (Address:  Daniel Ayzenberg  37 West End Avenue United	of process for the above stated limited liability compared as registered agent and agree to act in this capacity.  Oper and complete performance of my duties, and I amount as signature.  Title or Capacity:  Name Rod Act SE

Typed or printed name of signee

## State of New York Department of State } ss:

I hereby certify, that RF EXPENSES, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/14/2016, and that the Limited Liability Company is existing so far as shown by the records of the Department.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 18th day of October two thousand and seventeen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State