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(R	equestor's Name)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(8	usiness Entity Name)	
(D	ocument Number)	· · · · ·
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
	Office Use Only	



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### **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJI	RNB Solutions LLC
	Name of Limited Liability Company
The en Exister	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of the ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please	eturn all correspondence concerning this matter to the following:
	Raymond Garcia
	Name of Person
	RNB Solutions LLC
	Firm/Company
	31536 Stirrup Lane
	Address
	Wesley Chapel, FL 33543
	City/State and Zip Code
	mbsolutionselectric@gmail.com
	E-mail address: (to be used for future annual report notification)
For fur	her information concerning this matter, please call:
	Raymond Garcia 727 639-1122 at ( )
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclos	d is a check for the following amount:  \$\B\$\$ \$125.00 \text{ Filing Fee}  \Bar{} \\$130.00 \text{ Filing Fee} \&  \Bar{} \\$155.00 \text{ Filing Fee} \&  \Bar{} \\$160.00 \text{ Filing Fee, Certificate} \\ \text{ Certified Copy}  \text{ of Status & Certified Copy} \end{array}

## 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:

2. District of Columbia	ne adopted for the purpose of transacting business in Fl	orida. The al	ternate name must include "Limited Liab	ility Company," "L.L.C." or "LLC.")
		3.	82-3595410	
(Jurisdiction under the law of which foreign limited liability company is organized)		2.	(FEI number, if applicable)	
4.				
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration tine penalty	) liability)	<del></del>
5 1875 1 Street NW		6	1875 I Street NW	
(Street Address of Pr.	ncipal Office)	٠.	(Mailing Addre	- · · · · · · · · · · · · · · · · · · ·
Washington, DC 20006			Washington, DC 20006	m
				c
7. Name and street address	of Florida registered agent: (P.O. Bo	k <u>NOT</u> a	ecceptable)	PH
Name:	Raymond Garcia			PH 4: 39
	31536 Stirrup Lane			င္တေ္သ
Office Address:	51550 Stiftup Earle			
	Wesley Chapel		, Florida <u>33543</u>	<u> </u>
Registered agent's accept	(City)		(Zip code	1
	of my position as registered agent.	rana co	mplete performance of my a	luties, and I am familiar with
	of my position as registered agent.	à	mplete performance of my a	uties, and I am familiar with
and accept the obligations	of my position as registered agent.	signature)		uties, and I am familiar with
and accept the obligations	of my position as registered agent.  Registered agent	signature)		Name and Address:
and accept the obligations  8. The name, title or capac	of my position as registered agent.  (Registered agent)  city and address of the person(s) who have	signature)	authority to manage is/are:	
8. The name, title or capacity:	city and address of the person(s) who hame and Address:  Raymond Garcia  31536 Stirrup Lane	signature)	authority to manage is/are:	
8. The name, title or capacity:	city and address of the person(s) who hame and Address:  Raymond Garcia	signature)	authority to manage is/are:	
8. The name, title or capacity:	city and address of the person(s) who hame and Address:  Raymond Garcia  31536 Stirrup Lane	signature)	authority to manage is/are:	
8. The name, title or capacity:	city and address of the person(s) who hame and Address:  Raymond Garcia  31536 Stirrup Lane	signature)	authority to manage is/are:	
8. The name, title or capacity:	city and address of the person(s) who hame and Address:  Raymond Garcia  31536 Stirrup Lane	signature)	authority to manage is/are:	
8. The name, title or capacity:	city and address of the person(s) who hame and Address:  Raymond Garcia  31536 Stirrup Lane Wesley Chapel, FL 33543	signature)	authority to manage is/are:	
8. The name, title or capacity: Owner  (Use attachments if necess	city and address of the person(s) who hame and Address:  Raymond Garcia  31536 Stirrup Lane Wesley Chapel, FL 33543	as/have a	authority to manage is/are: tle or Capacity:	Name and Address:
8. The name, title or capacity: Owner  (Use attachments if necess) 9. Attached is a certificate of jurisdiction under the law of	city and address of the person(s) who hame and Address:  Raymond Garcia  31536 Stirrup Lane  Wesley Chapel, FL 33543  ary)  of existence, no more than 90 days old f which it is organized. (If the certification of the continuous content of the certification of t	as/have a	authority to manage is/are: tle or Capacity:  henticated by the official have	Name and Address:
8. The name, title or capacity: Owner  (Use attachments if necess 9. Attached is a certificate of	city and address of the person(s) who hame and Address:  Raymond Garcia  31536 Stirrup Lane  Wesley Chapel, FL 33543  ary)  of existence, no more than 90 days old f which it is organized. (If the certification of the continuous content of the certification of t	as/have a	authority to manage is/are: tle or Capacity:  henticated by the official have	Name and Address:
8. The name, title or capace Title or Capacity: Owner  (Use attachments if necess 9. Attached is a certificate of jurisdiction under the law of the translator must be su 10. This document is executed.	Registered agent.  (Registered agent)  (Regist	duly aut te is in a	nuthority to manage is/are: tle or Capacity: henticated by the official hay foreign language, a translation, Florida Statutes. I am aware	Name and Address:  ving custody of records in the on of the certificate under oath that any false information
8. The name, title or capace Title or Capacity: Owner  (Use attachments if necess 9. Attached is a certificate of jurisdiction under the law of the translator must be su 10. This document is executed.	Registered agent  (Registered agent)  city and address of the person(s) who hame and Address:  Raymond Garcia  31536 Stirrup Lane  Wesley Chapel, FL 33543  ary)  of existence, no more than 90 days old f which it is organized. (If the certifical bmitted)	duly aut te is in a	nuthority to manage is/are: tle or Capacity: henticated by the official hay foreign language, a translation, Florida Statutes. I am aware	Name and Address:  ving custody of records in the on of the certificate under oath that any false information
8. The name, title or capace Title or Capacity: Owner  (Use attachments if necess 9. Attached is a certificate of jurisdiction under the law of the translator must be su 10. This document is executed.	Registered agent.  (Registered agent)  (Regist	duly aut te is in a	nuthority to manage is/are: tle or Capacity: henticated by the official hay foreign language, a translation, Florida Statutes. I am aware	Name and Address:  ving custody of records in the on of the certificate under oath that any false information

Typed or printed name of signee

Initial File #: L00005815003 Entity Type: LLC

## GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS CORPORATIONS DIVISION



# CERTIFICATE

THIS IS TO CERTIFY that all applicable provisions of the District of Columbia Business Organizations Code (Title 29) have been complied with and accordingly, this CERTIFICATE OF GOOD STANDING is hereby issued to

RNB Solutions LLC

WE FURTHER CERTIFY that the domestic filing entity is formed under the law of the District on 11/14/2017; that all fees, and penalties owed to the District for entity filings collected through the Mayor have been paid and Payment is reflected in the records of the Mayor; The entity's most recent biennial report required by § 29-102.11 has been delivered for filing to the Mayor; and the entity has not been dissolved. This office does not have any information about the entity's business practices and financial standing and this certificate shall not be construed as the entity's endorsement.

**IN TESTIMONY WHEREOF I** have hereunto set my hand and caused the seal of this office to be affixed as of 1/2/2018 1:19 PM

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Muriel Bowser Mayor Business and Professional Licensing Administration

PATRICIA E. GRAYS Superintendent of Corporations Corporations Division

Tracking #: QfTHUtlL