

Division of Corporations

M18000007639

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GLOBAL ACCOUNTING AND TAX PROFESSIONAL CORP
Account Number : I20140000098
Phone : (786) 372-1391
Fax Number : (786) 762-2589

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Sglobal.usa@gmail.com

Foreign Limited Liability Company
Rejubelle LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

M. MILLIGAN

AUG 20 2018

TRANSMISSION VERIFICATION REPORT

TIME : 08/17/2018 06:44
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TEL : 7867622589
SER.# : U63274D3J398706

DATE, TIME
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MODE

08/17 06:43
8506176383
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Division of Corporations

Page 1 of 1

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Foreign Limited Liability Company

18 000 24 15 98 3

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. REJUBELLE, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

REJUBELLE FL, 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 3. 83-1488890
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 08/07/2018
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5862 West Flagler street
Miami Florida 33144
(Street Address of Principal Office)

6. 5862 West Flagler Street
Miami Florida 33144
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Gustavo Portilla , Manager , 5862 West Flagler Street
Miami Florida 33144

8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

X Gustavo Portilla
Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Gustavo Portilla

Typed or printed name of signee

2018 AUG 17 PM 5:30
RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

4 18 000 24 15 98 3

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Rejubelle, LLC

If unavailable, the alternate to be used in the state of Florida is:

Rejubelle FL, LLC

2. The name and the Florida street address of the registered agent and office are:

Surely Molina

(Name)

5862 West Flagler Street

Florida Street Address (P.O. Box NOT ACCEPTABLE)

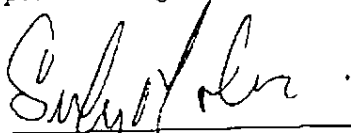
Miami

33144

FL

City/State/Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.



(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

FILED
2018 AUG 17 PM 5:30
CLERK OF COUNTY OF ST. JAMES
LA HABRA, CALIFORNIA

H 18 000 2415 783

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "REJUBELLE, 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 SEVENTH DAY OF AUGUST, A.D. 2018.



7007251 8300

SR# 20186058400

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203207808

Date: 08-07-18