M1800009311

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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DECRETARY OF STATE
TALLAHAS SEE STATE

S. PRATHER



September 11, 2018

Elizabeth Ginori BCGR Tax & Financial Services LLC 1645 Palm Beach Lakes Blvd., Suite 480 W. Palm Beach, FL 33401

SUBJECT: ICRAFT FURNITURE RESOURCE IFR LLC

Ref. Number: W18000081189

We have received your document for ICRAFT FURNITURE RESOURCE IFR 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Lyn Shoffstall Bureau Chief

Letter Number: 118A00018870

RECFIVED OCT 15 203

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:		JRE RESOURCE IFR LLC							
00202011		Name of Limited Liability Company							
					unsact Business in Florida," Co company to transact business				
Please return	all correspondence	concerning this matter to the	following:						
	ELIZABETH (GINORI							
	Name of Person								
	BCGR TAX & FINANCIAL SERVICES LLC								
	Firm/Company								
	1645 PALM BEACH LAKES BLVD STE 480								
	Address								
	WEST PALM BEACH, FL 33401								
		City/S	tate and Zip Code						
	EGINORI@BC	GRCPA.COM							
	· 	E-mail address: (to be used	d for future annual r	eport not	ification)				
For further i	nformation concerning	g this matter, please call:							
EL	IZABETH GINORI		561	323-65	20				
_	Name (of Contact Person	Area Code	Day	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							
	a check for the follow \$125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Certified Copy	Fee &	☐ \$160.00 Filing Fee, Certi of Status & Certified Copy	ificate			

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:

	E RESOURCE IFR LLC Limited Liability Company; must include "Limit	ad Liability Come	and the second of the second o			_			
(Name of Foleign	Limited District Company, must include Dimit	au Linounty Comp	pany, inches, or the s						
(If name unavailable, enter alternate a	ame adopted for the purpose of transacting business in Fl	orida. The alternate i	name must include "Limited Liab	ility Company," "L.L.	C," or "Li)			
2. FLORIDA Dela	3. 83- 1	_{3.} 83-1763091							
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI number, if applicable)							
4 08/30/2018									
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.))		2018				
5 1645 PALM BEACH		6.		ACC	=				
(Street Address of		0	(Mailing Addre	E35)	<u> </u>	- <u>. U</u>			
WPB, FL 33401			<u>.</u>	<u>E</u>					
118				SY.		- 6- 7-1			
				OF S	3	_ []			
7. Name and street address	7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)								
Name:	BCGR TAX & FINANCIAL SERVIO	CES			ვ. 08				
rune.	1645 DALM DEACHLIAKES DIVID	CTE 400	_	, ,					
Office Address:	1645 PALM BEACH LAKES BLVD	_							
	WEST PALM BEACH		_ , Florida <u>33401</u>						
Registered agent's accep	(City)		(Zip code)					
	(Registered agent's	signature)							
	acity and address of the person(s) who h		-						
Title or Capacity:	Name and Address:	Title or	Capacity:	Name and A	ddress	<u>:</u>			
PRES	F. CONIGLIARO								
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(III.a. attacheranta if nasaa	>	_		-					
(Use attachments if neces	sary)								
	of existence, no more than 90 days old,								
of the translator must be s	of which it is organized. (If the certifica	te is in a forei	gn language, a translati	on of the certifi	cate un	der oati			
	,								
	uted in accordance with section 605.020				informa	tion			
submitted in a document of	the Department of State constitutes a the	iira depres icii	ony as provided for in s	.817.133, F.S.					
	- Jack	of an authorized pe	njeco!	<u>U</u>					
	Signatur	or an aumorized pe	1,						
	trant (ONIC	lero						
	Typed o	r printed name of sig	gree						



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

DELAWARE, DO HEREBY CERTIFY "ICRAFT FURNITURE RESOURCE IFR 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 TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ICRAFT FURNITURE RESOURCE IFR LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF AUGUST,

A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Authentication: 203497627

Date: 09-26-18