M19000005591

(Re	questor's Name)		
(Address)			
(Ad	dress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 4, 2019

REX GRYPHON 1000 FRANKFORD AVE., STE 1 PHILADELPHIA, PA 19125

SUBJECT: REXBOCA LLC Ref. Number: W19000045676

We have received your document for REXBOCA LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 119A00011158

Brooke N Kinsey Regulatory Specialist II

www.sunbiz.org



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 9, 2019

REX GRYPHON 1000 FRANKFORD AVE., STE 1 PHILADELPHIA, PA 19125

SUBJECT: REXBOCA LLC Ref. Number: W19000045676

We have received your document for REXBOCA LLC and your check(s) totaling \$160.00. 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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 419A00009401

Division of the property of th

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	REXBOCA LLC		
		Limited Liability Company	-
The en- Exister	closed "Application by Foreign Limited Liability Com ice, and check are submitted to register the above refer	pany for Authorization to Transact Business in Florida enced foreign limited liability company to transact bus	a," Certificate of siness in Florida.
Please	return all correspondence concerning this matter to the	following:	
	REX GRYPHON		
		ame of Person	
	REX BARON		
	Firm/Company		_
	1000 FRANKFORD AVE STE I		
		Address	_
	PHILADELPHIA PA 19125		
City/State and Zip Code		_	
	REX@REXGRYPHON.COM		
	E-mail address: (to be use	d for future annual report notification)	_ 5g.
For fur	her information concerning this matter, please call:		4.77
	PAVEL RATHOUSKY	610 5858412	
	Name of Contact Person	Area Code Daytime 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	7: 18
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPART \$130.00 Filing Fee & Certificate of Sta	\$155.00 Filing Fee & 🗏 \$160.00 Filing	

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

	TION 605.0902, FLORIDA STATUTES, T USINESS IN THE STATE OF FLORIDA:	HE FOLLOWI	NG IS SUBMITTED TO REGISTER A FO	OREIGN LIMITE	D LIABILITY
, REXBOCA LLC	odi. Dis il Till Birit Bor T (XXIII).				
1	Limited Liability Company; must include "	limited Liabilit	Company," "L.E.C.," or "LLC.")		_
REXBARON LLC	,	,	,,		
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business	in Florida. The a	ternate name must include "Limited Liability Com	ipany," "L.L.C," or "!	 LL.C ";
DELAWARE 2		3.	83-1595144		
(Jurisdiction under the law of w	luch foreign limited liability company is organized)		(FEI number, if appl	scable)	_
09/01/2019 4.					
	(Date first transacted business in Florida, if p (See sections 605.0904 & 605.0905, F.S. to	nor to registration determine penalty	iability)		
6000 GLADES RD 5.		6.	6000 GLADES RD		
(Street Address of	Principal Office)	U.	(Mailing Address)		_
SUITE 1229			SUITE 1229		
BOCA RATON FL 33	1431		BOCA RATON FL 33431	(S)	_
7. Name and street address	ss of Florida registered agent: (P.O.	Box <u>NOT</u> a	cceptable)	<u> </u>	_
				1	1
Name:	PAVEL RATHOUSKY			: :	•
Office Address:	6000 GLADES RD SUTIE 1229			7: 18 8	
	BOCA RATON		33431 . Florida		
	(City)		(Lip code)		
designated in this applica to comply with the provisi	gistered agent and to accept service tion, I hereby accept the appointme ions of all statutes relative to the pr s of my position as registered agent	nt as registe oper and coi	red agent and agree to act in this	capacity. I fur	ther agree
		part a significance)			

	ing purposes, list names, title or capacity.	and addresses of the primary m	embers/mana	agers or persons authorized to
manage [up to six (6) Title or Capacity: Manager Member Authorized Person Other	Name and Address: SUSAN KURLAND Address: Address: NEW YORK NY 10065	Title or Capacity: Manager Member Authorized Person Other	Name:	Name and Address:
☐ Manager ☐ Member ☐ Authorized Person ☐ Other	Name: PAVEL RATHOUSKY Address: 6000 GLADES RD SUITE 1229 BOCA RATON FL 33431	☐ Manager ☐ Member ☐ Authorized ☐ Person ☐ Other	Address:	Other
☐Manager ☐Member ☐Authorized Person ☐Other	Name:	☐ Manager ☐ Member ☐ Authorized Person ☐Other	Name:	
Important Notice: Usindexed individuals 9. Attached is a cert jurisdiction under the translator mus 10. This document is	se an attachment to report more than six (may be added to the index when filing you ifficate of existence, no more than 90 days e law of which it is organized. (If the certist be submitted) is executed in accordance with section 605 ment to the Department of Stafe constitutes	6). The attachment will be imaur Florida Department of State old, duly authenticated by the ficate is in a foreign language,	Annual Repo official havin a translation	ting purposes only. Non- ort form. Ig custody of records in the of the certificate under oath

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "REXBOCA 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 JUNE, A.D. 2019.

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

Authentication: 202982451

Date: 06-07-19

7039817 8300 SR# 20195312039