

## Florida Department of State

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(((H19000210264 3)))



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### Foreign Limited Liability Company RAINY DAY SPECIALS LLC

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**Z BROWN** 

JUL 1 1 2019

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA H19000210264 3

IN COMPILANCE WITH SECTION 6050902 FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. RAINY DAY SPECIA	LISTELC eign Limited Liability Company: must include "Limi	ted Liability Company," "L.L.C.," or	r"LLC.")	
(If name unavailable, enter a Liability Company," "L.L.C.	Iternate name adopted for the purpose of transacting " or "LLC.")	husiness in Florida. The afternate na	me must includ	de "Limited
2 NEW JERSEY	1			
2. (Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable				<del></del> -
NOT APPLICABLE				
<b>4</b>	(Date first transacted business in Florida, if (See sections 605.0904 & 605.0905, F.S. to de	prior to registration.)	<del>-</del>	
. 10930 ENDEAVOUR	WAY SUITE E, SEMINOLE, FLORIDA 3337			
<i></i>				
	(Street Address of Principal Office)		 }	<b>.</b> .
6. 10930 ENDEAVOUR WAY SUITE E, SEMINOLE, FLORIDA 33377		7		). 15
			_ نِدِيْ ِ وَ نِدِيْ اِنْ اِنْ اِنْ اِنْ اِنْ اِنْ اِنْ اِن	<u>ال</u> ال ≡
<del></del>	(Mailing Address)	······································	۱ کیائی۔ – ۔ کیائی۔ –	
7 Name and street addess	ss of Florida registered agent: (P.O. Box NOT	agantahla)	W.	
7. Nume and speet address	MICHAEL MAKRILOS	acceptaole)	4	
Name:	MICHAEL MARKIEUS	<del></del>	2.14	<del>ن</del> کی د
Office Address:	10930 ENDEAVOUR WAY SUITE E	<u>.                                      </u>	<u>.</u>	<u></u>
	SEMINOLE	. Florida 33377		•
Registered agent's accep		, Florida 33377 (Zip code)		
Having been named as redesignated in this applicate to comply with the provision	gistered agent and to accept service of process tion, I hereby accept the appointment as regist ons of all statutes relative to the proper and con my position as registered orent.	ered agent and agree to act in th	is capacity.	I further agree
	(Registered agent's sign	nature)	_	
8. The name, title or capa	icity and address of the person(s) who has/have	authority to manage is/are:		
	- 10930 ENDEAVOUR WAY SUITE E, SEMI	<del>-</del>	ber)	
<del></del>				
9. Attached is a certificate jurisdiction under the law of the translator must be su	of existence, no more than 90 days old, duly au of which it is organized. (If the certificate is in a abmitted)	thenticated by the official having a foreign language, a translation of	custody of re	ecords in the ste under oath
	Signature of an authorized	person	_	

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

MICHAEL MAKRILOS

# STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

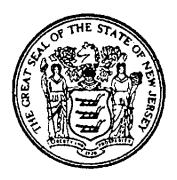
#### RAINY DAY SPECIALS LLC 0400683921

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on August 28, 2014.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

KAUFMAN INFORMATION RESOURCES 14 SCENIC DRIVE DAYTON, NJ 08810



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 10th day of July, 2019

de & Man

Elizabeth Maher Muoio State Treasurer

Certificate Number: 2414200194

Verify this certificate unline at

https://www.l.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp