

**M19000010773**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : ALLSTATE CORPORATE SERVICES CORP  
Account Number : I20040000031  
Phone : (800) 906-9220  
Fax Number : (800) 906-9680

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ALLSTATE, FLORIDA

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

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company  
REJUCREAM LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: REJUCREAM LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

SAL ABECASIS

Name of Person

ALLSTATE CORPORATE SERVICES CORP.

Firm/Company

2215 HENDRICKSON STREET, SUITE 1

Address

BROOKLYN, NY 11234

City/State and Zip Code

FILING@ACS123.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAL ABECASIS

Name of Contact Person

800

Area Code

906-9220

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

TALLAHASSEE, FLORIDA

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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:

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

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. NEW YORK  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-1964576  
(FBI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration;  
See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1300 WEST 12TH STREET, APT. 5E  
(Street Address of Principal Office)

6. 1300 WEST 12TH STREET, APT. 5E  
(Mailing Address)

NEW YORK, NY 10014

NEW YORK, NY 10014

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: REGISTERED AGENT SOLUTIONS, INC.

Office Address: 155 Office Plaza Dr., Suite A

Tallahassee, Florida 32301  
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]  
(Registered agent's signature)  
Assistant Secretary on behalf of  
Registered Agent Solutions, Inc.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

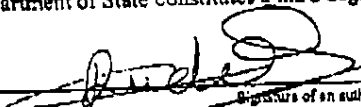
<u>Title or Capacity:</u>		<u>Name and Address:</u>	<u>Title or Capacity:</u>		<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name:	LUDOVIC AUDESSON	<input type="checkbox"/> Manager	Name:	
<input checked="" type="checkbox"/> Member	Address:	300 W 125th St	<input type="checkbox"/> Member	Address:	
<input type="checkbox"/> Authorized		10014 NYC	<input type="checkbox"/> Authorized		
Person			Person		
Other		<input type="checkbox"/> Other	Other		<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:		<input type="checkbox"/> Manager	Name:	
<input type="checkbox"/> Member	Address:		<input type="checkbox"/> Member	Address:	
<input type="checkbox"/> Authorized			<input type="checkbox"/> Authorized		
Person			Person		
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:		<input type="checkbox"/> Manager	Name:	
<input type="checkbox"/> Member	Address:		<input type="checkbox"/> Member	Address:	
<input type="checkbox"/> Authorized			<input type="checkbox"/> Authorized		
Person			Person		
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Other

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**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

x   
 Signature of an authorized person  
 LUDOVIC H AUDESSON  
 Typed or printed name of signer

State of New York  
Department of State } ss:

I hereby certify, that REJUCREAM LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/19/2017, and that the Limited Liability Company is existing so far as shown by the records of the Department.



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TALLAHASSEE, FLORIDA

\*\*\*

WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 30th day of September two  
thousand and nineteen.

*Braden C. Hughes*

Braden C Hughes  
Executive Deputy Secretary of State