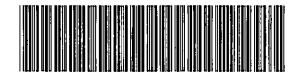
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COVER LETTER

TO:

ECT:	R AND R SERVICES USA LLC				
	Name of Limited Liability Company				
closed ice. an	"Application by Foreign Limited Liability d check are submitted to register the above	Company for Authorization to Transact Business in Florida," referenced foreign limited liability company to transact business			
return	all correspondence concerning this matter	to the following:			
	Abraham Tambor				
		Name of Person			
	Tambor & Co. CPA				
		Firm/Company			
	25 Allik Way Ste 101	~ ~ →			
	25 Allik Way Stc 101	Address Address City/State and Zip Code			
		Address min			
	Spring Valley, NY 10977	City/State and Zip Code			
	(City/State and Zip Code			
	contact@atamborepa.com	,			
	E-mail address: (to be	e used for future annual report notification)			
ther in	formation concerning this matter, please ca	dl:			
Abra	aham Tambor	718 436-0708			
	Name of Contact Person	at () Area Code Daytime Telephone Number			
	ling Address:	Street Address:			
	istration Section	Registration Section			
Reg					
Reg Divi	ision of Corporations	Division of Corporations			
Reg Divi P.O.	ision of Corporations . Box 6327	The Centre of Tallahassee			
Reg Divi P.O.	ision of Corporations	•			
Reg Divi P.O. Tall	ision of Corporations . Box 6327 ahassee, FL 32314 osed is a check for the following amount:	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Reg Divi P.O. Tall Encle Pleas	ision of Corporations . Box 6327 ahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 PARTMENT OF STATE			

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. R AND R SERVICES						
(Name of Foreign	Limited Liability Company; must include "Limi	ted Liability Comp	oany," "E.L.C.," or "LL0	C *)		
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in	Florida The alternate	: name must include "Limi	ted Lability Compan	V.""L.L.C	 ornLa.com
New York	, , , , , , , , , , , , , , , , , , , ,		•	, , , , , , , , , , , , , , , , , , ,	,,	,
3		3.	(Fi:1	-	20	
(Inrisdiction under the law of w	high foreign limited liability company is organized)		(FE)	number, (Emphicable) FEB 19	
				NIIA	83:	i (
4				AS		5 .
	(Date first transacted business in Florida, if prior t (See sections 605 0904 & 605 0905; F.S. to deter	o registration, j mine penalty liability)	33 3	9 PN 3: 40	FILED
					\equiv	
5. (Street Address of Principal Office)		6.	Mailing Address)		ယ္	**
(Sileer Address of Principal Office)		•	Mailing Address)	E E	0	
633 NE 167th Street S	uite 312	2151	57th Street	>		
N. Miami Beach, Flori	da 33162	Brook	klyn, NY 11204			
7. Name and street addres	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> accept	able)			
Name:	Robert C Retek		_			
Office Address:	633 NE 167th Street Suite 312	· · · · · · · · · · · · · · · · · · ·				
	N. Miami Beach		33162 Florida			
	(City)		(Zip cox	de)		
Registered agent's accep	tance:					

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.

/s/	Robert C Retek	
	(Registered agent's signature)	

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]: Title or Capacity: Title or Capacity: Name and Address: Name and Address: Name: ____Robert C Retek □Manager □Manager Name: _____ Address: 2151 57th Street ■ Member □ Member Address: Brooklyn, NY 11204 □ Authorized □ Authorized Person Person Other_ □Other □Other □Other Name: Shmuel Retek □Manager □Manager Address: 2151 57th Street ■ Member □Member Brooklyn, NY 11204 ☐ Authorized □ Authorized Person Person □Other_____ □Other □Other □Other Name: Name: Address: □Member Address: □ Authorized ☐ Authorized Person Person □Other_____ Other_____ Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Isi Robert C Retek Signature of an authorized person-Robert C Retek

Exped or printed name of signee

State of New York Department of State } ss:

I hereby certify, that R AND R SERVICES USA LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/11/2019, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Publication of R AND R SERVICES USA LLC was filed on 12/02/2019.

I further certify, that no other documents have been filed by such Limited Liability Company.

OF NEW

Witness my hand and the official seal of the Department of State at The City of Albany, this 11th day of February Botton thousand and twenty.

Braden C Hyles

Brendan C. Hughes
Executive Deputy Secretary of State

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