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(Requestor's Name) (Address) (Address)	500343898875
(City/State/Zip/Phone #)	05/04/2801032033 ★★160.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
U. ZCOROVIK 19419 Office Use Only	

T GLASS



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 6, 2020

RON DEGREGORIO 103 ABONDANCE DR PALM BEACH GARDENS, FL 33410 US

SUBJECT: RKD GROUP LIMITED LIABILITY COMPANY Ref. Number: W20000044949

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

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no solution acceptable is "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." is and "Co.", also are no longer acceptable.

The document number of the name conflict is L20000100256.

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.

Tacarri K Glass Regulatory Specialist II

Letter Number: 420A00009343

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RECEIVED

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

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TO: Registration Section Division of Corporations

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Group Limited Liability Company RKD SUBJECT: _

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:

	<u>DeGregorio</u> Name of Person
K	KD Group
	Firnt/Company
103	Abondance Dr Address
	Address
7	alm Beach Gardens FL 33
	City/State and Zip Code
	· · · · · · · · · · · · · · · · · · ·
	ronjde @ Gmail.com De used for future annual report notification)
E-mail address: (to t	be used for future annual report notification)
	,
her information concerning this matter, please c	
her information concerning this matter, please c	ail:
her information concerning this matter, please c Row De Gregorio Name of Connect Person	all: $ut(\underline{60}) \underline{574-1986}$ Area Code Daytime Telephone Number
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her information concerning this matter, please concerning this matter, please concerning this matter, please concerning the section Name of Concerning Address: <u>Mailing Address:</u> Registration Section	ail: at (<u>610</u>) <u>574-1986</u> Area Code Daytime Telephone Number <u>Street Address:</u> Registration Section
her information concerning this matter, please ex <u>RowDeGrecotio</u> Name of Conset Person <u>Mailing Address:</u> Registration Section Division of Corporations	all: ut (<u>6\0</u>) <u>574-1986</u> Area Code Daytime Telephone Number <u>Street Address:</u>
her information concerning this matter, please concerning this matter, please concerning this matter, please concerning the section Name of Concerning Address: <u>Mailing Address:</u> Registration Section	all: ut (<u>60</u>) <u>574-1986</u> Area Code Daytime Telephone Number <u>Street Address:</u> Registration Section Division of Corporations

Certificate of Status

Certified Copy

of Status & Certified Copy

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1	(Name of Foreign Limited Diability Company, must include "Limited Liability Company," "LI_C.," or "IJ.C.")	,
	Ron DeGregorio (Arcup LLC unavailable, enter alternate name adopted for the purpose of transacting business in Florida The alternate name must include "Limited Lability C	
(If name	unavailable, enter alternate name adopted for the purpole of transacting business in Florida 'The alternate name must include "Limited Lability C	ompany," "L.L C," or "LLC.")
2	Comm of Pennsylvania 3. EIN 82-3943 (FEI number, if app	910 Incable)
4	4 28 2020 (Date unst transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability)	
5. (Street A	103 Abondance Dr. 6. 103 Abondance Dr. Address of Principal Office) 6. (Mailing Address)	¢
	Palu Reach Gardens FL Palu Reach Gard	in FL
	3340	33410 E
7. Na	ame and street address of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	
	Name: Ron De Gregorio	ن :
	Office Address: 103 Abondance Dr.	10: 15

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.

Palm Beach Geodeus, Florida 33410 (City) (Zipcode)

(Registered agent's signature)

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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:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name:	□Manager	Name: Ron De Grecorio
□Member	Address:	Member	Address: 103 Abondance Dr
□Authorized	/	□Authorized	PalmBeach Gardens
Person		Person	FL 33410
□Other	Other	Other	Other
			/
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		Authorized	
Person		Person	
Other	Other	□Other	Other
	1		2023
□Manager	Name:	🗆 Manager	Name:
□Member	Address'	□Member	Address:
□Authorized		Authorized	
Person		Person	
□Other	□Other	Other	Other

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.

Signature ean authorized person . 64. Typed or printed name of signee

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 04/28/2020

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

RKD Group Limited Liability Company

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

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Secretary of the Commonwealth

Certification Number: TSC200428090262-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify