

Division of Corporations

Page 1 of 2

# M2000008267

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000329578 3)))



H200003295783ABC3

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

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

From: Account Name : GUNSTER, YOAKLEY & STEWART, P.A.  
Account Number : 076117000420  
Phone : (561) 650-0728  
Fax Number : (561) 671-2527

2020 SEP 22 AM 10:36  
 FILED  
 2020 SEP 22 AM 10:36

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

Email Address: rolandjrui23@gmail.com

### Foreign Limited Liability Company 3RZ LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

2020 SEP 22 AM 10:36

Electronic Filing Menu

Corporate Filing Menu

SEP 22 2020

Help

FAX AUDIT NO. H20000329578 3

# 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. 3RZ LLC

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

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. Applied for

(PII number, if applicable)

## UPON THE FILING OF THIS APPLICATION

4.

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

4815 NW 79TH AVE., STE. 8

5. (Street Address of Principal Office)

MIAMI, FL 33166

4815 NW 79TH AVE., STE. 8

6. (Mailing Address)

MIAMI, FL 33166

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

Name:

GY Corporate Services, Inc.

Office Address:

777 S. Flagler Dr., Ste. 500 E

West Palm Beach

(City)

, Florida

33401

(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.

/s/ Robert C. White, Jr., VP

(Registered agent's signature)

FAX AUDIT NO. H20000329578 3

FAX AUDIT NO. H20000329578 3

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 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 _____
 <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 _____

**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.

/s/ Roland J. Ruiz

Signature of an authorized person

ROLAND J. RUIZ, MANAGER

Typed or printed name of signer

FAX AUDIT NO. H20000329578 3

FAX AUDIT NO. H20000329578 3

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

3RZ LLC

ITEM 8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage:

Member/Manager: Roland J. Ruiz  
Address: 4815 NW 79<sup>th</sup> Ave., Ste. 8  
Miami, FL 33166

Member/Manager: Michael Carpenter  
Address: 4815 NW 79<sup>th</sup> Ave., Ste. 8  
Miami, FL 33166

Member/Manager: Anthony De Meo  
Address: 4815 NW 79<sup>th</sup> Ave., Ste. 8  
Miami, FL 33166

Member/Manager: David R. Bardt  
Address: 4815 NW 79<sup>th</sup> Ave., Ste. 8  
Miami, FL 33166

Member/Manager: Samantha Brem  
Address: 4815 NW 79<sup>th</sup> Ave., Ste. 8  
Miami, FL 33166

Member/Manager: George Vidaurre  
Address: 4815 NW 79<sup>th</sup> Ave., Ste. 8  
Miami, FL 33166

Member/Manager: William Hahl  
Address: 4815 NW 79<sup>th</sup> Ave., Ste. 8  
Miami, FL 33166

FAX AUDIT NO. H20000329578 3

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "3RZ 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 TWENTY-FIRST DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "3RZ LLC" WAS FORMED ON THE SEVENTEENTH DAY OF SEPTEMBER, A.D. 2020.

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



3687512 8300

SR# 20207375340

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

FAX AUDIT NO. H20000329578 3

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203695059

Date: 09-21-20