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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO. : 12000000195					
	REFERENCE : 597194 8138234					
	AUTHORIZATION: Spelle le man					
	COST LIMIT : \$ 125.00					
ORDER DATE :	January 5, 2021					
ORDER TIME :	10:01 AM					
ORDER NO. :	597194-005					
CUSTOMER NO:	8138234					
						
FOREIGN FILINGS						
NAME:	RBS GROUP, LLC					
XXXX QUALIFIC	CATION (TYPE: <u>LL</u>)					

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER:

COVER LETTER 11

TO:

ro:	Registration Section Division of Corporations						
SUBJE	RBS GROUP, LLC						
Name of Limited Liability Company							
The encl Existence	osed "Application by Foreign Limited Liabilie, and check are submitted to register the abo	ity Company for Authorization to Transact Business in Florida," Certificate of we referenced foreign limited liability company to transact business in Florida.					
Please re	cturn all correspondence concerning this matte	er to the following:					
	Shaynaz Malleck						
		Name of Person					
	RBS GROUP, LLC						
		Firm/Company					
	2600 Fiore Way Ste 106						
	- , 	Address					
	Delray Beach, Florida 33445						
		City/State and Zip Code					
	shaynaz.malleck@gmail.com						
	E-mail address: (to	be used for future annual report notification)					
or furth	ner information concerning this matter, please	call:					
	Shaynaz Malleck	561 526-6202					
	Name of Contact Person	Area Code Daytime Telephone Number					
	Mailing Address: Registration Section	Street Address: Registration Section					
	Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee					
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Enclosed is a check for the following amount Please make check payable to: FLORIDA D \$\Bigsquare\$ \$125.00 Filing Fee \$\Bigsquare\$ \$130.00 Filing Certification	DEPARTMENT OF STATE					

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

IN COMPLENCE WITH SECTION 605 (FOR FEORIDA STATE TIN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN ADMINED LABILITY COMPANY TO TRAINACT BUSINESS IN THE STATE OF FLORIDA

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Delaware		84-5053221	
Outside government Mellow of	und a bosci a bir mai dinana rempulsy access and de	M. Louints, of roph of ke	
	One mis than each brance shell isla dipina to open excession to the condition for the test of the connection	Sates Comments States Sta	
301 Yamato Road		301 Yamato Road	
neer Nadrescor (in 1957) inter-	· · ·	(Macing Address)	
Ste 1240		Ste 1240	
Boca Raton, FL 33431		Boca Raton, FL 33431	
Same and <u>succeadily</u>	🚫 of Florida registered agent (P.O. Hox. M	ĮΓ aeceptable i	
Name	Agustin Barbara	·	
Office Address Barbara/Smith 515 E Las Olas Blvd		e 120	
Office Address			, , , , , , , , , , , , , , , , , , ,

traving need 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 finither agree to comply with the provisions of all statutes relative to the propy and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agony

Reniver Augentic signature

Agustin Barbara

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: Shaynaz Malleck □Manager □Manager Name: _____ Address: ___ **■**Member □Member Address: _____ Ste 1240 □ Authorized ☐ Authorized Boca Raton, FL 33431 Person Person □Other_____ Other____ □Other____ Other____ □Manager □Manager Name: ______ □ Member Address: ☐ Member Address: □ Authorized ☐ Authorized Person Person □Other____ □Other____ Other____ □Other____ □Manager □Manager □Member 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.

Typed or printed name of signee

Shaynaz Malleck

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "RBS GROUP, 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-SECOND DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RBS GROUP, LLC"
WAS FORMED ON THE FOURTH DAY OF MARCH, A.D. 2020.

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

Authentication: 202347092

Date: 01-22-21