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	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone	#)
	D WAIT	MAIL
	(Business Entity Nam	e)
	(Document Number)	
Certified Copies	Certificates	of Status
Special Instructions	to Filing Officer:	
	Office Use Only	



2021 SEP 13 AH 9: 2

SEP 15 2021 M. SOLOWON

COVER LETTER

TO: Registration Section Division of Corporations

Property Group LLC Name of Limited Liability Company 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:



For further information concerning this matter, please call:

Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	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 DEI	PARTMENT OF STATE

\$\$125.00 Filing Fee	□ \$130.00 Filing Fee & {	□ \$155.00 Filing Fee &	□ \$160.00 Filing Fee, Certificate
/	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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	e purpose of transacting busines	ss in Florida. The alternate nam	e must include "Linnted Liabili	ity Company," "L.L.C	?." or "
Unisdiction under the law of which foreign limited	I liability company is organized	3	(FEI number, t	fapplicable)	
<u> </u>	,			αρρικασκι	
Date first tra (See sections	nsacted business in Florida, if pi 605.0904 & 605.0905, F.S. to d	rior to registration.) letermine penalty liability)			
4720 Stall Conta	PI HOD	. 121.	10 anth m	N-21 7	
4730 S Fort Apachee	<u> NA 77.300</u>	$6. \underline{+ \angle 1}$ (Mail)	NE 80th Terr ng Address)	<u> </u>	
) or the or the open	~				
Las Vegas, NV 8914	7	Miar	ni, FL 33138		
					12.117
Name and street address of Florida r	egistered agent: (P.O.	Box NOT acceptable)		I SEP 13
		·	, ,		
V.	1.			and the state	
Name: <u>Ke√a</u>	Lugan	<u> </u>			А'Н
Office Address: 121 N 8	80th Terr	0-17			9: 2:

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.

(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:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name: Jessica Singleton	Manager	Name: David Singleton
□Member	Address: 4730 S Fort Apachee Rd	□Member	Address: 4730 S Fort Apachae Rd
□Authorized	#300	Authorized	
Person	Las Vegas, NV 89147	Person	Las Vegas, NV 89147
Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	
Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
Authorized		□Authorized	
Person		Person	
DOther	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 of an authorized person Tessica Singleton





CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I. Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **RX PROPERTY GROUP, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 06/21/2018, and is in good standing in this state.



Certificate Number: B202109061970253 You may verify this certificate online at <u>http://www.nvsos.gov</u> IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 09/06/2021.

Barbora K. Cegarste

BARBARA K. CEGAVSKE Secretary of State

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