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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

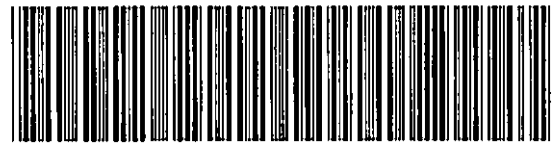
(Business Entity Name)

(Document Number)

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S. FRANKLIN
NOV 13 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RAWOT, LLC

 Name of Limited Liability Company

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:

Davey T. Jay, Esq.

 Name of Person

Meehle & Jay, P.A.

 Firm/Company

1215 E. Concord St.

 Address

Orlando, FL 32803

 City/State and Zip Code

jenesismuzik@gmail.com

 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Davey T. Jay, Esq. 407 792-0790
 _____ at (_____) _____
 Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
 Registration Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

Street Address:
 Registration Section
 Division of Corporations
 The Centre of Tallahassee
 2415 N. Monroe Street, Suite 810
 Tallahassee, FL 32303

Enclosed is a check for the following amount:
 Please make check payable to: **FLORIDA DEPARTMENT OF STATE**
 \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy \$160.00 Filing Fee, Certificate of Status & Certified Copy

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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. RAWOT, 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. Pennsylvania
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 87-2417108
(FEI number, if applicable)

4. September 18, 2021
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1135 Butler Ave.
(Street Address of Principal Office)

6. PO Box 290941
(Mailing Address)

New Castle, PA 16101

Port Orange, FL 32129

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

Name: Davey T. Jay, Esq.

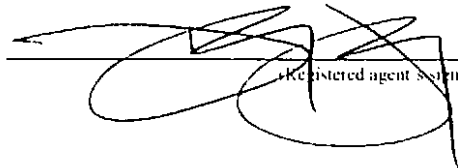
Office Address: 1215 E. Concord St.

Orlando, Florida 32803
(City) (Zip code)

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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 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:**

Manager Name: Ronald Rizzo

Member Address: P.O. Box 290941

Authorized Port Orange, FL 32129

Person _____

Other _____ Other _____

Manager Name: Gordon Austin

Member Address: P.O. Box 290941

Authorized Port Orange, FL 32129

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Title or Capacity: **Name and Address:**

Manager Name: Jennifer Austin

Member Address: P.O. Box 290941

Authorized Port Orange, FL 32129

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

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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.

Jennifer Austin
ID: cfcsmZNGxw8peWBXMKjATRIZ

Signature of an authorized person

Jennifer Austin

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

10/31/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

RAWOT LLC

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

Neeraj W. Desai

Acting Secretary of the Commonwealth

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Certification Number: TSC211028232550-1

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