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(Requestor's Name)

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(City/State/Zip/Phone #)

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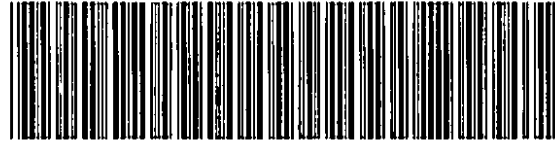
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

2022-04-08 PM 5:58

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RFF 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:

Fabiola Rivera Flores
Name of Person

RFF LLC
Firm/Company

859 calle 57 SE San Juan P.R. 00921
Address

San Juan PR 00921
City/State and Zip Code

cheFriverrapr@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fabiola Rivera at (787) 948-0222
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

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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

Favioli LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. Puerto Rico
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FTI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration;
See sections 605.0034 & 605.0035, F.S. to determine penalty liability)

5. 859 calle 57 SE
(Street Address of Principal Office)

6. _____
(Mailing Address)

San Juan, PR 00921

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

Name: Fabiola Rivera

Office Address: 10 sw south river dr. 1107

Miami, Florida 33130
(City) (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. ~~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.

[Signature]
(Registered agent's signature)

FILED
2022 JUN -8 PM 5:38
CLERK OF DISTRICT COURT
NINTH JUDICIAL CIRCUIT
MIAMI, FLORIDA

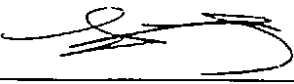
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|---|--------------------------------------|--------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: <u>Fabiola Rivera</u> | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: <u>10 SW South River</u> | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | <u>Dr. 1107 Miami FL.</u> | <input type="checkbox"/> Authorized | _____ |
| Person | <u>33130</u> | 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.



Signature of an authorized person

Fabiola Rivera Flores

Typed or printed name of signee

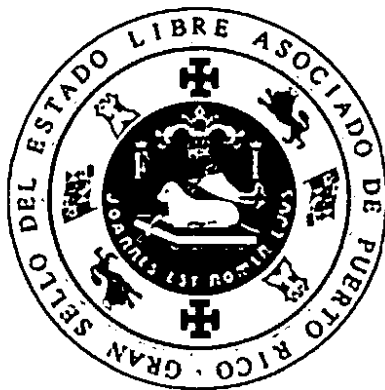


CERTIFICATE OF EXISTENCE

I, **Omar J. Marrero Diaz**, **Secretary of State** of the Government of Puerto Rico,

CERTIFY: That according to our records **RFF LLC**, with registration number **461938**, is a **domestic for profit limited liability company** organized on **March 21, 2021**.

This certification does not certify that this corporation has filed its annual reports, pursuant to the requirements of the General Corporations Law, as amended. If you need to know if such reports have been filed, you must request a Certificate of Good Standing.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **March 28, 2022**.

Omar J. Marrero Diaz
Secretary of State

To validate this certificate go to: <http://estado.pr.gov/>

This certificate can be validated an unlimited number of times before its expiration date of 28-Mar-2023.

Certificate Validation Number: **455050-44451451**

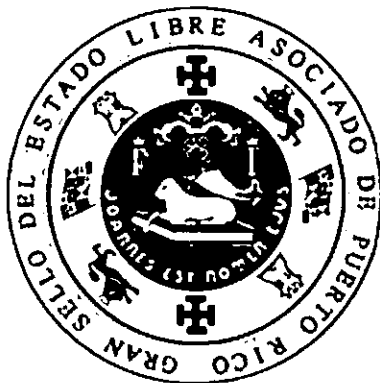


Government of Puerto Rico

CERTIFICATE OF ORGANIZATION

I, **Lawrence N. Seilhamer Rodríguez**, **Secretary of State** of the Government of Puerto Rico;

CERTIFY: That **RFF LLC**, register number **461938**, is a **Domestic Limited Liability Company For Profit** organized under the laws of Puerto Rico on this **21st of March, 2021 at 04:38 PM**.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **March 21, 2021**.

A handwritten signature in black ink, appearing to read "Lawrence N. Seilhamer Rodríguez".

Lawrence N. Seilhamer Rodríguez
Secretary of State



Government of Puerto Rico
Department of State

Transaction Date: 21-Mar-2021
Register No: 461938
Order No: 1948024

Government of Puerto Rico

Certificate of Formation of a Limited Liability Company

Article I - Limited Liability Company Name

The name of the Domestic Limited Liability Company is: RFF LLC

Desired term for the entity name is: LLC

Article II - Principal Office and Resident Agent

Its principal office in the Government of Puerto Rico will be located at:

Street Address **859 Calle 57 SE, SAN JUAN, PR, 00921**
Mailing Address **859 Calle 57 SE, SAN JUAN, PR, 00921**
Phone **(787) 948-0222**

The name, street and mailing address of the Resident Agent in charge of said office is:

Name **Rivera Flores, Fabiola**
Street Address **859 Calle 57 SE, SAN JUAN, PR, 00921**
Mailing Address **859 Calle 57 SE, SAN JUAN, PR, 00921**
Email **fabiolarflores10@gmail.com**
Phone **(787) 948-0222**

Article III - Nature of Business

This is a For Profit entity whose nature of business or purpose is as follows:

Food service industry, and all licit commercial activity pursuant to the laws of the Commonwealth of Puerto Rico

Article IV - Authorized Persons

The name, street and mailing address of each Authorized Person is as follows:

Name **Rivera Flores, Fabiola**
Street Address **859 Calle 57 SE, SAN JUAN, PR, 00921**
Mailing Address **859 Calle 57 SE, SAN JUAN, PR, 00921**
Email **fabiolarflores10@gmail.com**

Article V - Administrators

If the faculties of the Authorized Persons will end upon the filing of the Certificate of Formation of a Limited Liability Company, the names, physical and mailing address of the persons who will act as Administrators until the first annual meeting of the members or until their successors replace them are as follows:

Name **Rivera Flores, Fabiola**
Title **President, Secretary**
Street Address **859 Calle 57 SE, SAN JUAN, PR, 00921**
Mailing Address **859 Calle 57 SE, SAN JUAN, PR, 00921**
Email **fabioarflores10@gmail.com**
Expiration Date **Indefinite**

Article VI - Terms of Existence

The term of existence of this entity will be: **Perpetual**

The date from which the entity will be effective is: **21-Mar-2021**

Supporting Documents

| Document | Date Issued |
|----------|-------------|
|----------|-------------|

STATEMENT UNDER PENALTY OF PERJURY

IN WITNESS WHEREOF, I/We Rivera Flores, Fabiola, the undersigned, for the purpose of forming a limited liability company pursuant to the laws of Puerto Rico, hereby swear that the facts herein stated are true. This 21st day of March, 2021.