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TO:

Registration Section

Div	vision of Corporations					
SUBJECT:	R A DEVELOPMENT GROUP, LLC					
SOBJECT.	Name of L					
The enclosed Existence, an	d "Application by Foreign Limited Liability Comp nd check are submitted to register the above refere	any for Authorization to Transact Business in Florida." Ce need foreign limited liability company to transact business	rtificate o in Florid	of la.		
Please return	n all correspondence concerning this matter to the	following:				
	Burton Landau, Esq.					
	Na	me of Person				
	South Florida Law, PLLC					
	Fir	m/Company				
	1920 E. Hallandale Beach Blvd. #702					
		Address	~2			
	Hallandale, FL 33009	11 C - 11 C - 12 C	2022 SEP 30			
	City/State and Zip Code					
	Burton@southfloridalawpllc.com	カン		17		
	E-mail address: (to be used	for future annual report notification)	51 HJ	: 1		
For further in	information concerning this matter, please call:	for future annual report notification)	2: 36	•		
Bu	irton Landau, Esq.	954 900-8885 at ()	σ,			
	Name of Contact Person	Area Code Daytime Telephone Number				
Re Div P.C	egistration Section vision of Corporations O. Box 6327 Illahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303				
Plea	closed is a check for the following amount: tase make check payable to: FLORIDA DEPART \$125.00 Filing Fee \$\Bigcup \text{\$130.00 Filing Fee & Certificate of State}	□ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Cert				

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

R A DEVELOPMENT O					
(Name of Foreign Li	imited Liability Company, must include "Limited	Liabilit	y Company," "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate nat	me adopted for the purpose of transacting business in Flo	orida The	alternate name must include "Lumited Liability Co	ompany," "L.L.C," or "LLC")	
New York 2. (Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI number, if applicable)			
4.	(Date first transacted business in Florida, (I prior to r (See sections 605.0904 & 605.0905, F.S. to determin	egistratio ne penalty	n) · liability)		
R A DEVELOPMENT GROUP, LLC 5. (Street Address of Principal Office)		6.	R A DEVELOPMENT GROUP, I		
17150 N. Bay Rd. Apt. 2920			55 West 47th Street, \$310	2022	
Sunny Isles Beach, FL 33160			New York, NY 10036	SEP 3	
7. Name and street address	of Florida registered agent: (P.O. Box	<u>NOT</u>	acceptable)	0 PH 12: 36	
Name:	South Florida Law, PLLC			2: 36	
Office Address:	1920 E. Hallandale Beach Blvd #702				
	Hallandale (City)		33009 , Florida		

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.

(Revisiend agent's suprature)

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Rafael Yagudayev Name: _ Abram Yagudayev Name: __ □Manager □ Manager Address: ____ Address: ____ 55 West 47th Street, S310 **■**Member **■**Member New York, NY 10036 New York, NY 10036 □ Authorized □ Authorized Person Person □Other_____ □Other____ Other___ □Other__ ■ Manager Name: □Manager Name: □Member Address: Address: □Member ☐ Authorized ☐ Authorized Person Person □Other: □Other____ □Other Other___ □Manager Name: □Manager ☐Member Address: _____ Address: □Member □ 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. Signature of an authorized person Abram Yagudayev

Typed or printed name of signee

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I. ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: R A DEVELOPMENT GROUP, LLC

DOS ID Number: 5104055

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Entity Status: EXISTING

Date of Initial Filing with DOS: 03/17/2017

Statement Status: CURRENT
Statement Due Date: 03/31/2023

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on September 23, 2022 at 05;26 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Heylon

By Brendan C. Hughes Executive Deputy Secretary of State