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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 : (845)425-0077 Phone

: (845)818-3588 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:_	 
	MOU! C 33.	

## Foreign Limited Liability Company RZ Hotel LLC

Certificate of Status	
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

S. FRANKLIN

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NOV 2-19322

Page: 03 of 16

## 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:

u una una safable, enter alternate i	name adopted for the purpose of transacting business in Hi	ouds. The alternat	e name must include "Limited Liability Com	many." A. L.C." or "L
	iante adopted for the philyspe of transfering opinions in the		C THE THE PROPERTY OF STREET	(1.0.). 2
Delaware		3.	(FLI number, d'applie	
Durisdiction under the law of w	high foreign limited liability company is organized)		(FLI number, d'applic	able)
				5-3
				2021
	(Date first transacted business in Florida, il prior to (See sections 605 0901 & 605 0905, F.S. to determi	registration.) ne penalty liability	)	
4690 SALISBURY RD		4690	SALIŠBURY RD	?
treet Address of Principal Office)		6	(Mailing Address)	(,)
Jacksonville, FL 32256	<b>)</b>	Jack	sonville, FL 32256	<u> </u>
				-
Name and street address	is of Florida registered agent: (P.O. Box	NOT accep	table)	
Name and street address	ss of Florida registered agent: (P.O. Box	NOT accep	table)	
Name and street address		NOT accep	lable)	
Name and street address Name:	ss of Florida registered agent: (P.O. Box Rueben Zulauf	NOT accep	nable)	
	Ruchen Zulauf	NOT accep		
		NOT accep	- -	
Name:	Rueben Zukut* 4690 SALISBURY RD	NOT accep	- 32256	

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.

From: Vcorp Services, LLC

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	<u>y:</u>	Name and Address:
□Manager	Name: Rucben Zulauf	☐ Manager	Name:	<del></del>
■Member	Address:	☐ Member	Address:	
□Authorized	Jacksonville, FL 32256	☐ Authorized		
Person		Person		
□Other	□Other	Other		
□Manager	Name:	∏Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		Authorized		1527
Person		Person		
□Other		Other		□Other ♡
				7
□Manager	Name:	□Manager	Name:	
□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. 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.

R.Zulauf		
0-0-	Signature of an authorized person	
Rueben Zulauf		
	Typed or printed name of signee	



2022-11-28 19:21:26 GMT

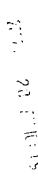
Page 1

From: Vcorp Services, LLC

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RZ HOTEL 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-THIRD DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RZ HOTEL LLC" WAS FORMED ON THE TENTH DAY OF NOVEMBER, A.D. 2022.

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





Authentication: 204928909

Date: 11-23-22