W12300000543

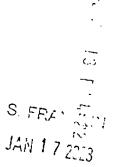
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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RECEIVED

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 01/13/2023	_		**WALK IN*
ENTITY NAME Daven	port-Rafina Exchange I LLC		·
DOCUMENT NUMBER_			
	PLEASE FILE THE ATTACH	ED AND RETURN	156 173 173
	Plain Copy		
XXXXXX	Certified Copy Certificate of Status		
*1	PLEASE OBTAIN THE FOLLOWING	FOR THE ABOVE ENTITY**	
	Certified Copy of Arts & Amendme	e le	
	Certificate of Good Standing		
	APOSTILLE' / NOTARIAL	CERTIFICATION	
COUNTRY OF DESTINA	TION		
NUMBER OF CERTIFICA	TES REQUESTED		
TOTAL OWED \$155	- 141-14-	ACCOUNT #: I2016000007	2
		E R FM	
Please call Tina at i	the above number for any issues	or concerns. Thank you s	o much!

COVER LETTER

	Registration Section Division of Corporation	s				
SUBJEC	Davenport-Rafina E	xchange I LLC				
SOBJEC	.1:	Name of	f Limited Liability (Company		•
The enclo	osed "Application by Fore, and check are submitte	eign Limited Liability Con d to register the above rete	npany for Authoriza renced foreign limi	ition to Tr ted liabilit	ansact Business in Florida,' y company to transact busin	' Certificate of ness in Florida
Please ret	turn all correspondence c	oncerning this matter to the	e following:			
	KIMBERLY T	AYLOR				
		í	Name of Person			
	Davenport-Rafi	na Exchange 1 LLC				
		ŀ	Firm/Company			•
	2460 PASEO VERDE PKWY, SUITE 145					
Address					7-3	
	HENDERSON.	NV 89074				•
		City/	State and Zip Code			• -:
	TAYLORKIM@					:
		E-mail address; (to be use	ed for future annual	report no	tification)	: :
For furthe	er information concerning	g this matter, please call:				2
	KIMBERLY TAYLOR		702 at (820-56		
-	Name o	f Contact Person	Area Code	Day	rtime Telephone Number	
!	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton E 2661 Exc	of Corporations ion Section Building centive Center Circle see, FL 32301	
Enclosed	is a check for the follow \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☞ (\$155.00 Filit Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, C of Status & Certified Co	

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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:

Davenport-Rafina Exch				
(Name of Fore	rign Limited Liability Company; must include	Limited Liability Compan	y," "L.L.C.," or "LLC	i.'')
(If name unavailable, enter al Liability Company," "L.L.C."	Iternate name adopted for the purpose of transac	eting business in Florida. T	he alternate name mu	st include "Limited
2. NEVADA	3			
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI numb	er, if applicable)	
4. AS OF REGISTRATION				
	(Date first transacted business in Florid (See sections 605.0904 & 605.0905, F.S.	da, if prior to registration.) to determine penalty liabil	lity)	
5. <u>2460 PASEO VERDE</u>	PKWY SUITE 145, HENDERSON, NV 8	39074	·	
	(Street Address of Principal O	etisar		
2460 PASEO VERDE				
6, 2400 I ASEO VERDE	PKWY SUITE 145, HENDERSON, NV 8	7074		
	(Mailing Address)		_	·~ ?
7. Name and street addres	ss of Florida registered agent: (P.O. Box 2	NOT acceptable)		
Name:	UNISEARCH, INC.			•
Office Address:	1990 Main Street, Suite 750-709			- ش
	Sarasota	, Florida	34236	
Registered agent's accep	_		(Zip code)	, .
this application, I hereby with the provisions of all : the obligations of my posi B	(Registered agent acity and address of the person(s) who has/	at and agree to act in the te performance of my di NC S signature)	is capacity. I furth uties, and I am fam	er agree to comply
2460 PASEO VERDE PK	CWY SUITE 145			
HENDERSON, NV 8907	4			
	of existence, no more than 90 days old, du of which it is organized. (If the certificate i abmitted)			
	ignature of an author	orized person		
This document is executed submitted in a document to	I in accordance with section 605.0203 (1) (b) the Department of State constitutes a third	o), Florida Statutes, I am I degree felony as provid	aware that any fals led for in s.817.155.	e information F.S.

Typed or printed name of signee

STEPHEN E. THORNE, IV

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, 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, **Davenport-Rafina Exchange I 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 12/20/2022, and is in good standing in this state.



Certificate Number: B202301133308493

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/13/2023.

FRANCISCO V. AGUILAR Secretary of State