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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

R&S JAMACIA, LLC

Signature _____

Requested by: SETH

Name _____ Date _____ Time _____

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_____ Art of Inc. File _____
_____ LTD Partnership File _____
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_____ Certificate of Fictitious Name _____
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R&S Jamaica 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:

Chad M. Munev

Name of Person

Olive Judd - Attorney at Law

Firm/Company

2426 East Las Olas Blvd

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

s_axelrad@yahoo.com

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

For further information concerning this matter, please call:

Sandy Axelrad

917

692-0922

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. R&S Jamaica 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. New York
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

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

5. 251 Greenway S.
(Street Address of Principal Office)

6. PO Box 747767
(Mailing Address)

Forest Hills, NY. 11375

Rego Park, NY. 11374

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

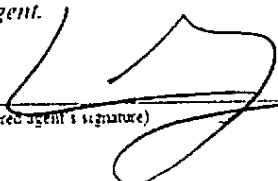
Name: Chad Muuey

Office Address: 2426 East Las Olas Blvd

Fort Lauderdale 33301
(City) Florida (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. 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's signature)

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ALABAMA
CLERK OF COURT

8. For annual 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: Sandy Axelrad

☒ Member Address: PO Box 747767

☒ Authorized Rego Park, NY, 11374

Person _____

☐ Other: _____ ☐ Other: _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other: _____ ☐ Other: _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other: _____ ☐ Other: _____

Title or Capacity: Name and Address:

☐ Manager Name: Rodica Axelrad

☒ Member Address: PO Box 747767

☒ Authorized Rego Park, NY, 11374

Person _____

☐ Other: _____ ☐ Other: _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other: _____ ☐ Other: _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

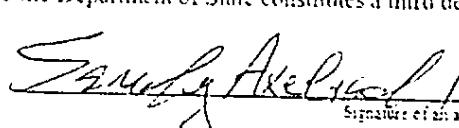
Person _____

☐ Other: _____ ☐ Other: _____

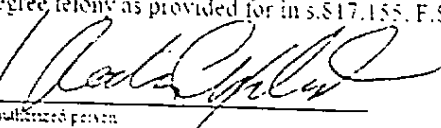
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.



 Sandy Axelrad



 Rodica Axelrad

Signature of an authorized person

Type or print name of signer

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&S JAMAICA, LLC
DOS ID Number: 2731987
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 02/15/2002

Statement Status: CURRENT
Statement Due Date: 02/29/2024

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 January 20, 2023 at 12:52 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes
Executive Deputy Secretary of State