# M2300001917

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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S. ROBERTS FEB 1 4 2023

## Sunshine State Corporate Compliance Company

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

DATE 02/13/2023	_	**WALK IN**
ENTITY NAME Reliabl	e Retail Group LLC	
DOCUMENT NUMBER		
	**PLEASE FILE 1	THE ATTACHED AND RETURN**
XXX	Plaix Copy	
	Certified Copy	
	Certificate of Status	
*	*PLEASE OBTAIN THE	FOLLOWING FOR THE ABOVE ENTITY**
	Certified Copy of Arts	's & Amendments
	Certified Copy of Arts	ts & Amendments Complete File (Inclading Annaal Reports)
	Certificate of Status	
	Certificate of Status 1	Reflecting:
	**APOSTILLE'/	NOTARIAL CERTIFICATION**
COUNTRY OF DESTINAT	TION	
NUMBER OF CERTIFICA	TES REQUESTED	
TOTAL OWED \$ 125		ACCOUNT # 120140000108 United Corporate Services, Inc.  any issues or concerns. Thank you so much!
Please call Tina at ti	he above number for	any issues or concerns. Thank you so much!

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

IN COMPLIANCE WITH SECTION 605,09(2, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Reliable Retail Gro	• •				
(Name of Foreign	Limited Liability Company; must include "Limited	d Liability Company	7," "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	orida. The alternate na	me must include "Limited Liabili	ity Company," "L.	L.C." or "LLC."
New York 2		3			
(Jurisdiction under the law of which foreign limited liability company is organized)		· · · · ·	(FEI number, if applicable)		
upon filing					
	(Date first transacted business in Florids, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) inc penalty liability)		_	
9858 Clint Moore Rd S	9858 Cl	int Moore Rd Ste C111			
5. (Street Address of Principal Office)		6(Ma	ling Address)		
Boca Raton, FL 33496		Boca Ra	iton, FL 33496		202
, <del></del>		-			2026 FE3
	<del> </del>	<del></del>		;	ယ
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable	le)		3
	United Corporate Services, Inc.				NH 15: 1:
Name:				,	
Office Address:	3458 Lakeshore Drive	<u>-</u>			
	Tallahassee		32312 Flo <del>ri</del> da		
	(City)	,	(Zip code)	<u> </u>	

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.

Maria R. Fischetti Secretary, United Corporte Services, Inc. (Registered agent's signature)

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: Name and Address: Name: Vincent James Robertiello Manager □ Manager Name: 9858 Clint Moore Rd Ste C111 **™** Member □Member Address: Boca Raton, FL 33496 □ Authorized □ Authorized Person Person □Other □Other\_\_\_\_ □ Other\_\_\_\_\_ □Other □Manager Name: \_\_\_\_ □ Manager Name: ☐ Member Address: □Member Address: □ Authorized ☐ Authorized Person Person □Other □Other\_\_\_ Other ☐ Other □Manager Name: ☐ Manager Name: □Member Address: \_\_\_\_\_\_ □Member Address: ☐ Authorized ☐ Authorized Person Person  $\Box$ Other 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

Typed or printed name of signee

Vincent James Robertiello

#### 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:** 

RELIABLE RETAIL GROUP, LLC

**DOS ID Number:** 

6698804

Entity Type:

DOMESTIC LIMITED LIABILITY COMPANY

**Entity Status:** 

**EXISTING** 

Date of Initial Filing with DOS:

01/13/2023

Statement Status:

**CURRENT** 

**Statement Due Date:** 

01/31/2025

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 February 13, 2023 at 10:36 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

D. Doode C. Horber

Brandon C. Hughan

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100002964841 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <a href="http://ecorp.dos.ny.gov">http://ecorp.dos.ny.gov</a>