

M23000004404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF SUPERIOR COURT
JACKSONVILLE, FLORIDA

APR 05 2023

K. Brumby

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: I20210000160: **\$125.00**

Authorization Signature: 

R&Z Management LLC

BUSINESS NAME **DOCUMENT:**

☐ **Certified Copy of Articles**

☐ **Certificate of Status**

NEW FILINGS

☐ Profit Corp
☐ Not for Profit
☐ Officer/Director
☐ Limited Liability
☐ Domestication
☐ Other
☐ **CORP**
☐ **LLLP**

AMENDMENTS

☐ Amendment
☐ Resignation of R.A.
☐ Change of Registered Agent
☐ Dissolution
☐ Merger
☐ Conversion
☐ Amended and restated Articles
☐ **Statement of Authority**

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name
☐ APOSTILLE
☐ Country

REGISTRATION/QUALIFICATIONS

☒ X Foreign filing
☐ Limited Partnership
☐ Reinstatement
☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: R&Z MANAGEMENT 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:

ALTAF SATTAR

Name of Person

SOFTBOOKS INC

Firm/Company

5373 N NOB HILL RD

Address

SUNRISE, FL 33351

City/State and Zip Code

INFO@SOFTBOOKSINC.COM

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

For further information concerning this matter, please call:

ROCIO BAQAI

786 556-9146
at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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&Z MANAGEMENT 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. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

92-2261858

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)

14359 MIRAMAR PKWY, SUITE 345

5. (Street Address of Principal Office)

MIRAMAR, FL 33027

14359 MIRAMAR PKWY, SUITE 345

6.

(Mailing Address)

MIRAMAR, FL 33027

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

Name: SOFTBOOKS INC

Office Address: 5373 N NOB HILL RD

SUNRISE

(City)

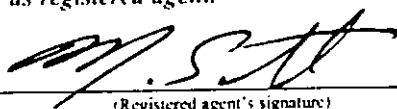
33351

, 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)

2023 MAR 31 AM 10:52

ATTEST
NOTARY
PUBLIC

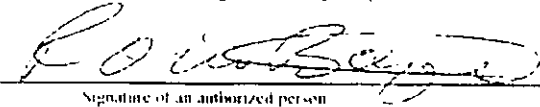
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|---|--|---|--|
| <input type="checkbox"/> Manager | Name: <u>ROCIO BAQAI</u> | <input type="checkbox"/> Manager | Name: <u>ZAINAB JAFRI</u> |
| <input type="checkbox"/> Member | Address: <u>14359 MIRAMAR PKWY</u> | <input type="checkbox"/> Member | Address: <u>14359 MIRAMAR PKWY</u> |
| <input checked="" type="checkbox"/> Authorized Person | <u>SUITE 345</u> <u>MIRAMAR, FL 33027</u> | <input checked="" type="checkbox"/> Authorized Person | <u>SUITE 345</u> <u>MIRAMAR, FL 33027</u> |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: _____ | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized Person | _____ _____ | <input type="checkbox"/> Authorized Person | _____ _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: _____ | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized Person | _____ _____ | <input type="checkbox"/> Authorized Person | _____ _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> 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.



Signature of an authorized person

ROCIO BAQAI

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "R&Z MANAGEMENT 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 THIRTY-FIRST DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "R&Z MANAGEMENT LLC" WAS FORMED ON THE EIGHTH DAY OF FEBRUARY, A.D. 2023.

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



A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

7284732 8300

SR# 20231250706

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203055078

Date: 03-31-23