

M23000005928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

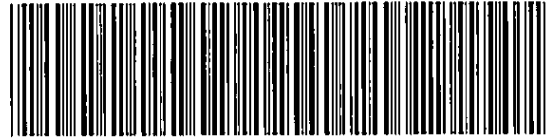
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W23000046365

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2023 MAY - 5 AM 10:32  
CLERK OF STATE  
TREASURY FINANCIAL

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M. SOLOMON

MAY - 8 2023

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RA Design Engineering, PLLC

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:

Ronald Ademaj

Name of Person

RA Design Engineering, PLLC

Firm/Company

1825 Ponce De Leon Blvd. #829

Address

Coral Gables, FL 33134

City/State and Zip Code

RAstructural@gmail.com

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

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2023 MAY -5 AM 10:32

FILED

For further information concerning this matter, please call:

Ronald Ademaj

at ( 917 )

659-7406

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. RA Design Engineering, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

RA Structural, PLLC  
(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. NY  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-2742195  
(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. 1825 Ponce De Leon Blvd.  
(Street Address of Principal Office)

6. 1825 Ponce De Leon Blvd.  
(Mailing Address)

#829

#829

Coral Gables, FL 33134

Coral Gables, FL 33134

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


Name: Ronald Ademaj

Office Address: 1825 Ponce De Leon Blvd. #829

Coral Gables, FL \_\_\_\_\_, Florida 33134  
(City) (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)

FILED  
2023 MAY -5 AM 10:32  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

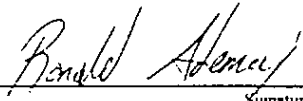
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Ronald Ademaj</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1825 Ponce De Leon Blvd.</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>#829</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Coral Gables, FL 33134</u>	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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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

Ronald Ademaj

Typed or printed name of signer

FILED  
2023 MAY - 5 AM 10:32  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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: RA DESIGN ENGINEERING, PLLC  
DOS ID Number: 5439181  
Entity Type: DOMESTIC PROFESSIONAL SERVICE LIMITED LIABILITY COMPANY  
Entity Status: EXISTING  
Date of Initial Filing with DOS: 11/07/2018  
  
Statement Status: CURRENT  
Statement Due Date: 11/30/2024

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 February 03, 2023 at 03:59 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes  
Executive Deputy Secretary of State

Authentication Number: 100002919453 To Verify the authenticity of this document you may access the  
Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 5, 2023

RONALD ADEMAJ  
1825 PONCE DE LEON BLVD.  
#829  
CORAL GABLES, FL 33134

SUBJECT: RA DESIGN ENGINEERING, PLLC  
Ref. Number: W23000046365

We have received your document for RA DESIGN ENGINEERING, PLLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law does not provide for the recognition of a foreign professional limited liability company. An acceptable limited liability company suffix will need to be added to your entity name for this Department to accept and file your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott  
Supervisor

Letter Number: 223A00007775

**RECEIVED**

**MAY - 5 2023**