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To:

Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

rboufarsi@sanfordfederal.com Email Address:____

Foreign Limited Liability Company RAFIACORP LLC

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

Name and street address of Florida registered agent (P.O. Box NOT acceptable) Name: CT Corporation System Clays a secretary and a series address of process of process for the above stated limited liability company at the plantary and the properties of the above stated in this application. I farefly accept the appointment as registered agent and agree to act in this capacity. If the proper and complex performance of the positions of all statutes relative to the proper and complete performance of this capacity. If the proper and complete performance of this capacity. If the proper and complete performance of this capacity. If the proper and complete performance of this capacity. If the proper and complete performance of this capacity. If the proper and complete performance of this capacity. If the proper and complete performance of my duties, and I am familiar with a duccept the abbiguitors of my position as registered agent. CT Corporation System CT COTPORATION System CT C		RafiaCorp.L.I.C					
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m	nage [up to six (6) total]:					

Title or Capacity:	Name and Address:	Title or Capacity	<u>:</u>	Name and Address:
⊠Manager	Name: Elijah Mandour	□ Manager	Name:	
□Member	Address: 16192 Coastal Highway	☐ Member	Address:	
□Authorized	Lewes, Delaware 19958	Authorized		 .
Person	<u> </u>	Person		
□Other	□Other	Other		□Other
□Manager	Name:	□ Manager	Name:	
□Meniber	Address:	□Member	Address:	
Authorized		☐ Authorized		
Person		Person		
□Other	□Other	Other		□Other
□Manager	Name:	∑ Manager	Name:	
□Member	Address:	■ Member	Address:	
□Authorized		☐ Authorized		
Person		Person		
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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. Lant 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.

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Signature of an authorized person	
Elijah Mandour	
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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "RAFIACORP, 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 TWENTY-NINTH DAY OF DECEMBER, A.D. 2023.

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

Authentication: 204940425

Date: 12-29-23