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(((H24000071208 3)))



H240000712083ABCY

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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**Enter	the	email	address	for	this	busine	255	entity	to	be	used	for	future
an	nual	repor	t mailin	as.	Enter	only (one	email	add	res:	s ple	ase.:	**

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FOREIGN PROFIT/NONPROFIT CORPORATION

Realty Lease Finance Corporation

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

COVER LETTER

		tration Sc on of Co	ection rporations					
SUBJE	СΤ٠	Realty Lo	ease Finance Corpo	ration				
0000	· · ·		Name	of corporatio	n - m	ust include suffix		
Dear Sir	or M	adam:						
"Certifica	ate of	Existenc		e of Good Sta	nding	orization to Transa " and check are sul Florida.		
Please re	turn a	ili corresp	oondence concern	ing this matte	r to ti	ne following:		
Jenisa	Turr	er						
				Name of	Pers	on		
Compu	itersl	nare Go	vernance Serv	rices Inc.				
				Firm/Coi	npany	/		
801 US	6 Hig	hway O	ne					
				Addi	ress			
North P	alm l	Beach, F	L 33408					
				City/State	and Z	ip code		
govdoc	s@c	orpcrea	tions.com					
			E-mail addres.	s: (to be used	for fu	ture annual report	notifi	cation)
For furth	er inf	ormation	concerning this n	natter, please	call:			
Jenisa	Turr	er		at (561)	694-8107		
1	Name	of Perso	n	Area Coo	ie	Daytime Telep	hone	Number
R D T 2	Regist Divisi The C 1415 1	ration Se on of Cor entre of T	porations fallahassee e Street, Suite 81)			MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	sectio orpor 7	n ations
	ke ch	eck payabl	the following ame to: FLORIDA D \$78.75 Filit Certificate	EPARTMEN ng Fee & — Î	≡ \$78	STATE C75 Filing Fee & rtified Copy		\$87.50 Filing Fee. Certificate of Status & Certified Copy

DocuSign Envelope ID: 51749ECB-A55F-4DBB-9A10-19C04EB58304

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unavail.	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.") able in Florida, enter alternate corporate name ac 3. 9 y under the law of which it is incorporated)				
4. 2/14/2024	5	(Date of duration, if other than per			
(Date	of incorporation)	(Date of duration, if other than perpetual)			
1	ver, 2 N. Tamiani Trait, Suite #204, Sarasota, FL (Principal office (Current mailing				
 Name and <u>stree</u> Name: 	at address of Florida registered agent: (P.O. Corporate Creations Network Inc.	Box NOT acceptable)			
Office Address:	801 US Highway 1		20		
	North Palm Beach		2024 FEB 22		
	(City)	(Zip code)	, (2		
9. Registered age Having been nam	ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme		ration at the place t in this capacity.		

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

DocuSign Envelope ID: 51749ECB-A55F-4DBB-9A10-19C04EB58304

A. DIRECTORS

□Chainnan	Name:	□Chairman	Name: c/o Group RMC Management Address: One World Trade Center, Suite 83G				
□Vice Chairman	c/o Group RMC Management	□Vice Chairman					
Director	One World Trade Center, Suite 83G	□Director					
■ President	New York, NY 10007	□President	New York, NY 10007				
□Vice President		□Vice President					
Secretary	☐Treasurer	☐ Secretary	■ Treasurer				
□Other	□Other	□Other					
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director	<u>-</u>				
□President	· · · · · · · · · · · · · · · · · · ·	□President					
□Vice President		□Vice President					
☐ Secretary	Treasurer	☐ Secretary	Treasurer				
□Other	Other	□Other	Other				
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director		□Director					
□President		□President					
□Vice President		□Vice President					
☐Secretary	□Treasurer	☐ Secretary	Treasurer				
□Other		Other	Other				
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individed index when filing your Florida Department of State Annual Report form. 12. Signature of Director or Officer							

The officer or director signing this document (and who is fisted in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REALTY LEASE FINANCE CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REALTY LEASE FINANCE CORPORATION" WAS INCORPORATED ON THE FOURTEENTH DAY OF FEBRUARY, A.D. 2024.

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



Authentication: 202857055