B11000000222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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NOV 16 2011

EXAMINER

800213105548

11/16/11--01004--003 **1052.50

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DIVISION OF CORPORATIONS
11 NOV 15 PM 4:00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 NOV 15 PM 4:01

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILE SECOND

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CONTACT: RICKY SOTO

DATE: 11/15/2011

REF. #: 002083.157307

CORP. NAME: RNLN REAL ESTATE ADVISORS, L.P.

( ) ARTICLES OF INCORPORATION ( ) ARTICLES OF AMENDMENT ( ) ARTICLES OF DISSOLUTION

( ) ANNUAL REPORT ( ) TRADEMARK/SERVICE MARK ( ) FICTITIOUS NAME

(XX) FOREIGN QUALIFICATION ( ) LIMITED PARTNERSHIP ( ) LIMITED LIABILITY

( ) REINSTATEMENT ( ) MERGER ( ) WITHDRAWAL

( ) CERTIFICATE OF CANCELLATION

( ) OTHER:

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DIVISION OF CORPORATIONS
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STATE FEES PREPAID WITH CHECK# 542215 FOR $ 1052.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: $**_____

PLEASE RETURN:

(XX) CERTIFIED COPY ( ) CERTIFICATE OF GOOD STANDING ( ) PLAIN STAMPED COPY

( ) CERTIFICATE OF STATUS

Examiner's Initials

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APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

1. RNLN REAL ESTATE ADVISORS, L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership, *which must include suffix*)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. DELAWARE
State or Country of Formation

3. DECEMBER 23, 2003
Date of Formation

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DIVISION OF CORPORATIONS
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4. Name of Registered Agent for Service of Process and Florida Street Address:

Paracorp Incorporated

236 East 6th Avenue

Tallahassee, FL 32303

5. *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.*

[signature], NINA HO, ASST. SECRETARY
Signature of Registered Agent

7. Principle Office: (Florida Street Address)

1020 Ocean Drive

Miami Beach, FL 33139

8. Mailing Address:

PO Box 371347

San Diego, CA 92137

9. If limited partnership is a limited liability limited partnership, check box ☐

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: BRIO Investment Group, Inc.
Street Address: 2100 Gatun St
Del Mar, CA 92014
Mailing Address: PO Box 371347
San Diego, CA 92137

Name of General Partner:
Street Address:
Mailing Address:

Name of General Partner:
Street Address:
Mailing Address:

Name of General Partner:
Street Address:
Mailing Address:

Name of General Partner:
Street Address:
Mailing Address:

Name of General Partner:_____ Name of General Partner:_____

Street Address: _____ Street Address: _____

_____ _____

Mailing Address:_____ Mailing Address:_____

_____ _____

11. **Effective date, if other than the date of filing:**_____.
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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

Signed this 27TH day of OCTOBER 20 11

_____
Signature of a general partner JONATHAN NEELEY, PRESIDENT FIRMO

The individual signing this document affirm that the facts stated herein are true and the individual 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.

Filing Fees:	**$1,000.00 ($965 Filing Fee and $35 Registered Agent Fee)**
Certified Copy (optional):	**$52.50**
Certificate of Status (optional):	**$8.75**

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RNLN REAL ESTATE ADVISORS, L.P." 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 TENTH DAY OF NOVEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RNLN REAL ESTATE ADVISORS, L.P." WAS FORMED ON THE TWENTY-THIRD DAY OF DECEMBER, A.D. 2003.

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

Jeffrey W. Bullock, Secretary of State

3744701 8300

AUTHENTICATION: 9150852

111188089

DATE: 11-10-11

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