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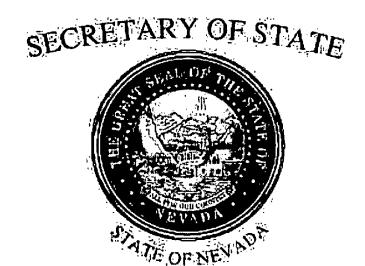
TO: Registration Section Division of Corp		·	verser ∰a.e.
SUBJECT:	RBM, LLLP		
	e of Foreign Limited Partne	ership or Limited Liability	Limited Partnership
partnership to transact bus		_	a foreign limited partnership or limited liability limited
Deborah P.	. Holmes		
	Contact Person		
Duke Law 1	Firm, P.C.		
	Firm/Company		
1572 Montg	gomery Highway, Su	iite 205	
	Address		
Birmingham	n, AL 35216		
Cit	ty, State and Zip Code		
mcmanusbt(gcomcast.net		
E-mail address: (to be u	sed for future annual report	t notification)	
For further information co	oncerning this matter, pleas	e call:	
Deborah P.	. Holmes	at (205) 823	-3900
Name of Contac	t Person	Area Code and Daytin	me Telephone Number
Enclosed is a check for the	e following amount:		
\$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	□ \$1,008.75 Filing Fees and Certificate of Status	□ \$1,052.50 Filing Fees and Certified Copy	☐ \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	

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

RBM, LLLP (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. BRM Projects, 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. June 11, 2015 Nevada State or Country of Formation Date of Formation 47-4359026 4. Federal Employer Identification Number:__ 5. Name of Registered Agent for Service of Process and Florida Street Address: Julie M. McManus 213 Southern Boulevard West Palm Beach, FL 33401 6. 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 of Registered Agent 7. Principal Office: 8. Mailing Address: 213 Southern Boulevard 213 Southern Boulevard West Palm Beach, FL 33401 West Palm Beach, FL 33401 9. If limited partnership is a limited liability limited partnership, check box. 10. Name, principal office address, and mailing address of each general partner: Julie M. McManus Brian T. McManus Name of General Partner: __ Name of General Partner:_ 213 Southern Boulevard 213 Southern Boulevard Street Address: __ Street Address: _ West Palm Beach, FL 33401 West Palm Beach, FL 33401 213 Southern Boulevard Mailing Address: 213 Southern Boulevard Mailing Address:__ West Palm Beach, FL 33401 West Palm Beach, FL 33401 Name of General Partner:______ Name of General Partner:_____ _____ Street Address: _ Street Address: Mailing Address: Mailing Address:

Name of General Partner:	Page 1 of 2 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 de	iys after the date this document is filed by the Florida Department of State.)
12. Attached is a certificate of existence duly authenti	cated, not more than 90 days prior to the delivery of this application to the or other official having custody of the entity's records in the jurisdiction under
Signed this 1st day of 503	,20 <u>15</u>
	Signature of a general partner
The individual signing this document affirm that the f submitted in a document to the Department of State of	acts stated herein are true and the individual is aware that false information onstitutes a third degree felony as provided for in s.817.155, F.S.
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

Page 2 of 2



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **RBM**, **LLLP**, as a limited partnership duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since June 11, 2015, and is in good standing in this state.



Certified By: Christal Shirley Certificate Number: C20150611-0891 You may verify this certificate online at http://www.nvsos.gov/ IN WITNESS WHEREOF, I have hereunto setting hand and affixed the Great Seal of State, at my office on June 23, 2015.

BARBARA K. CEGAVSKE Secretary of State 8: 42 STATE TORINA