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(Ře	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
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(Do	cument Number)	<del></del>
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Селіfied Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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# SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 10/17/17	WALK IN**
ENTITY NAME RBM Partners LCC	
DOCUMENT NUMBER	
**PLEASE FILE THE ATTACHED AND RETURN**	
Plain CopyCertified Copy	ļ
Certificate of Status	1
**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	3 10
Certified Copy of Arts & Amendments  Certificate of Good Standing  So	TED STATE CHAR
**APOSTILLE' / NOTARIAL CERTIFICATION**	) A
COUNTRY OF DESTINATION	
TOTAL OWED 130 CHECK # Credit	
Please call Tina at the above number for any issues or concerns. Thank you so muc	k./

## COVER LETTER

	New Fiting Section Division of Corporations		
SUBJECT	RBM Partners, LLC		
1101000		e of Limited Liability Company	
The enclos	sed Articles of Organization and f	ee(s) are submitted for filing.	
Please ren	urn all correspondence concerning	this matter to the following:	
	Sean Driscoll		
		Name of Person	_
	Nelson Mullins Riley & Scarbo	rough LLP	
		Firm/Company	<del></del>
	201 17th Street NW, Suite 1700		
		Address	<del></del>
	Atlanta, Georgia 30363		
	sarah.loya@nelsonmullins.com	City/State and Zip Code	7 001
,	E-mail address: (to b	be used for future annual report notification)	0CT 17
For further i	information concerning this matter	r, please call:	<b>A</b>
	Sean Driscoil	404 322-6178 at ( )	STATE
	Name of Person	Area Code Daytime Telephone Number	JE ADA
Enclosed is	s a check for the following amoun	1:	
S125.00 F	iling Fee S130.00 Filing Fe Certificate of Sta	Certified Copy (additional copy is enclosed)  S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)	s &
	Mailing Address	Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

KBM	Partners, LLC (Must contain the words "Limited Liab	lity Company, "L.L.C.," or "LLC.")
TICLE II - A	ddress:	
mailing addre	ess and street address of the principal office	of the Limited Liability Company is:
	Principal Office Address:	Mailing Address:
20 No	rth Orange Avenue, Suite 1600	20 North Orange Avenue, Suite 1600
	do, FL 32801	Orlando, FL 32801

The name and the Florida street address of the registered agent are:

By:

NRAI Services, Inc.

Name

1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Plantation Florida 33324

City State Zip

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 certificate. 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S..

NRAL Services, Inc.

Registered Agent's Signature (REQUIRED) Natalle Leiba-Paul - Australi Necretary

(CONTINUED)

17 OCT 17 AH 8:52

ARTICLE IV-	
The name and address of each p	person authorized to manage and control the Limited Liability Company:
Title	Nama and Address

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	R. Jacob Bergmann
	20 North Orange Avenue, Suite 1600
	Orlando, FL 32801
<del></del>	
(Use attachment if necessary)	
(If an effective date is listed, the date must be spec the date of filing.)	f filing: Upon filing (OPTIONAL) ific and cannot be more than five business days prior to or 90 days after et the applicable statutory filing requirements, this date will not be listed as 'State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Be
Signature of a mem This document is executed	ther or an authorized representative of a member. I in accordance with section 605.0203 (1) (b), Florida Statutes.

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.

Robert Jacob Bergmann

Typed or printed name of signee

### Filing Fres:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

17 OCT 17 AM 8:57