

(Requestor's Name)
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(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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18 JAN 23 AM 10: 50 18 JAN 23 AM 10: 50 SECRETARY OF STATE FALLAHASSEE, FLORIDA

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M. MOON JAN 23 2018 FILED 18 JAN 23 PH 12: 26 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT	NO.	:	120000000195

REFERENCE : 036050 4320744

AUTHORIZATION :

\$

COST LIMIT : S

- ORDER DATE : January 23, 2018
- ORDER TIME : 10:27 AM
- ORDER NO. : 036050-005
- CUSTOMER NO: 4320744

DOMESTIC FILING

NAME: RDFT LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
 XX PLAIN STAMPED COPY
- _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

TI :21 Hd T

EXAMINER'S INITIALS:

COVER LETTER

TO: New Filing Section Division of Corporations

RDFT LLC SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joshua P. Weiss

Name of Person

c/o Loeb Block & Partners LLP

Firm/Company

505 Park Avenue, 8th Floor

Address

 New York, New York 10022
 Action

 City/State and Zip Code
 City/State and Zip Code

 msansone@loebblock.com
 For further information concerning this matter, please call:

 Maureen Sansone
 212

 Name of Person
 Area Code

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RDFT LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
c/o Loeb Block & Partners LLP	c/o Loeb Block & Partners LLP
505 Park Avenue, 8th Floor	505 Park Avenue, 8th Floor
New York, New York 10022	New York, New York 10022

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Corporation Service:	s Company	
	Name	
1201 Hays Street		
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Tallahassee	FL	32301
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.

Registered Agent's Signature (REQUIRED) exa

Roxanne Turner Asst. Vice President

(CONTINUED)

JAN 23 PH 12:

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

"AMBR" = Authorized Member "MGR" = Manager	
MGR	Rony Doron
	do Loch Block & Partners LLP
	505 Park Avenue, New York, New York 10022
(Use attachment if necessary)	
R V. Reflective date if other than the date of fi	ling: (OPTIONAL)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

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<u>required</u> signature: /	fal-
Signatur	of a member or an authorized representative of a member.
This document	s executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware thay	any false information submitted in a document to the Department of State
constitutes althi	rd degree felony as provided for in s.817.155, F.S.
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Joshua P	
	Typed or printed name of signee
	Filing Fees:
\$175.00 Filing Kee for Articl	es of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Opt	
 \$ 5.00 Certificate of Status 	
3 5.00 Certificate of status	
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