## L19000012100

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200324829762

19点12点03

FILED

19 MAR 12 AM 9: 17

SECRETARY OF STATE TALL AHASSEE, FLORIDA

T SCHROEDER

" A (

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 680928 AUTHORIZATION : COST LIMIT : \$ 125.00 ORDER DATE: March 12, 2019 ORDER TIME : 1:03 PM ORDER NO. : 680928-010 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

EXAMINER'S INITIALS:

\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft - EXT. 62925

CORPORATION SERVICE COMPANY

## COVER LETTER

	New Filing Section Division of Corporations		
SUBJEC	RDFT LLC		
SUBJEC		Limited Liabili	ту Сотралу
The enclo	sed Articles of Organization and fee(s	) are submitted	for filing.
Please ret	urn all correspondence concerning this	s matter to the fo	ollowing:
	Maureen Sansone		
		Name of	Person
	c/o Loeb Block & Partners LLP		
		Firm/Co	mpany
	505 Park Avenue, 8th Floor		
		Addre	ess
	New York, New York 10022		
	msansone@loebblock.com	City/State and	d Zip Code
	E-mail address: (to be a	ised for future a	nnual report notification)
For further	information concerning this matter, pl	ease call:	
	Maureen Sansone	212	755-5510 )
	Name of Person	Area Code	Daytime Telephone Number
Enclosed	is a check for the following amount:		
	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certific	so Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RDFT LLC			
(Must co	ontain the words "Limited L	iability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stree	t address of the principal off	fice of the Limited	Liability Company is:
<u>Princ</u>	cipal Office Address:		Mailing Address:
	Posta can LLD	c/o	Loeb Block & Partners LLP
c/o Loeb Block &	k Panners LLP		
<u>c/o Loeb Block 8</u> 505 Park Avenu			Park Avenue, 8th Floor
505 Park Avenu New York, New ARTICLE III - Registered A	e, 8th Floor York 10022 Agent, Registered Office, & Iny cannot serve as its own F	Nev  Registered Age Registered Agent.	v York, New York 10022
505 Park Avenu New York, New ARTICLE III - Registered A (The Limited Liability Compa	e, 8th Floor York 10022 Agent, Registered Office, & Iny cannot serve as its own F In active Florida registration	Registered Age Registered Agent.	v York, New York 10022 nt's Signature:
505 Park Avenu New York, New ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	e, 8th Floor York 10022 Agent, Registered Office, & Iny cannot serve as its own F In active Florida registration	Registered Agent) agent are:	v York, New York 10022 nt's Signature:
505 Park Avenu New York, New ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	e, 8th Floor York 10022  Agent, Registered Office, & any cannot serve as its own Fin active Florida registration et address of the registered a	Registered Agent) agent are:	v York, New York 10022 nt's Signature:
New York, New  ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	e, 8th Floor York 10022  Agent, Registered Office, & any cannot serve as its own Fin active Florida registration et address of the registered a	Registered Agent.  Agent are:  Company	v York, New York 10022 nt's Signature:
505 Park Avenu New York, New ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	e, 8th Floor York 10022  Agent, Registered Office, & any cannot serve as its own Fin active Florida registration et address of the registered a Corporation Service	Registered Agent.  Agent are:  Company  Name	v York, New York 10022  nt's Signature: You must designate an individual or
505 Park Avenu New York, New ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	e, 8th Floor York 10022  Agent, Registered Office, & any cannot serve as its own Fin active Florida registration et address of the registered a Corporation Service  1201 Hays Street	Registered Agent.  Agent are:  Company  Name	v York, New York 10022  nt's Signature: You must designate an individual or

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..

Corporation Service Company

(CONTINUED)

19 MAR 12 AM 9: 17
SECRETARY OF STATE
ALL AHASSEE FLORIDA

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Rony Doron, c/o Loeb Block & Partners LLP
	505 Park Avenue, 8th Floor
	New York, New York 10022
(Lieu attack ment is a second	
(Use attachment if necessary)	
LE V: Effective date, if other than the da	te of filing: (OPTIONAL)
f the date inserted in this block does not ment's effective date on the Departmen	t meet the applicable statutory filing requirements, this date will not be listed nt of State's records.
f the date inserted in this block does not ment's effective date on the Departmen	nt of State's records.
f the date inserted in this block does not ment's effective date on the Departmer  E VI: Other provisions, if any.	nt of State's records.
f the date inserted in this block does not ment's effective date on the Department.  E VI: Other provisions, if any.	nt of State's records.
ment's effective date on the Departmen  E VI: Other provisions, if any.	nt of State's records.
f the date inserted in this block does not iment's effective date on the Department.  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	nt of State's records.
f the date inserted in this block does not iment's effective date on the Department.  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a hard this document is executed.	nember or an authorized representative of a member.  used in accordance with section 605.0203 (1) (b), Florida Statutes.
f the date inserted in this block does not iment's effective date on the Department.  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a not in the Department is executed and aware that any fall.	nember or an authorized representative of a member.  ured in accordance with section 605.0203 (1) (b), Florida Statutes. se information submitted in a document to the Department of State
f the date inserted in this block does not iment's effective date on the Department.  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a not in the Department is executed and aware that any fall.	nember or an authorized representative of a member.  used in accordance with section 605.0203 (1) (b), Florida Statutes.
f the date inserted in this block does not iment's effective date on the Department.  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a not in the Department is executed and aware that any fall.	nember or an authorized representative of a member.  ured in accordance with section 605.0203 (1) (b), Florida Statutes. se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S. iss
f the date inserted in this block does not iment's effective date on the Department.  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a nation of the document is executed and aware that any fall constitutes a third degree.	nember or an authorized representative of a member.  wied in accordance with section 605.0203 (1) (b), Florida Statutes. se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.  iss  Typed or printed name of signee
f the date inserted in this block does not iment's effective date on the Department.  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a nation of the document is executed and aware that any fall constitutes a third degree.	nember or an authorized representative of a member.  wied in accordance with section 605.0203 (1) (b), Florida Statutes. se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.  iss  Typed or printed name of signee
REQUIRED SIGNATURE:  Signature of a not aware that any fall constitutes a third degr  Joshua F. We	nember or an authorized representative of a member.  wied in accordance with section 605.0203 (1) (b), Florida Statutes. se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.  iss  Typed or printed name of signee
REQUIRED SIGNATURE:  Signature of a not aware that any fall constitutes a third degr Joshua F. We  S125.00 Filing Fee for Articles of O S 30.00 Certified Copy (Optional)	nember or an authorized representative of a member.  ured in accordance with section 605.0203 (1) (b), Florida Statutes.  se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.  iss  Typed or printed name of signee  Filing Fees:  rganization and Designation of Registered Agent
The date inserted in this block does not ment's effective date on the Department.  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a not be a managed by the service of a not be a	neighber of an authorized representative of a member.  med in accordance with section 605.0203 (1) (b), Florida Statutes.  see information submitted in a document to the Department of State eee felony as provided for in s.817.155, F.S.  iss  Typed or printed name of signee  Filing Fees:  rganization and Designation of Registered Agent  SSE  Typed or printed name of Signee
REQUIRED SIGNATURE:  Signature of a not aware that any fall constitutes a third degr Joshua F. We  S125.00 Filing Fee for Articles of O S 30.00 Certified Copy (Optional)	neighber of an authorized representative of a member.  med in accordance with section 605.0203 (1) (b), Florida Statutes.  see information submitted in a document to the Department of State eee felony as provided for in s.817.155, F.S.  iss  Typed or printed name of signee  Filing Fees:  rganization and Designation of Registered Agent  SSE  Typed or printed name of Signee
REQUIRED SIGNATURE:  Signature of a not aware that any fall constitutes a third degr  Joshua F. We  S125.00 Filing Fee for Articles of O S 30.00 Certified Copy (Optional)	neighber of an authorized representative of a member.  wied in accordance with section 605.0203 (1) (b), Florida Statutes.  see information submitted in a document to the Department of State eee felony as provided for in s.817.155, F.S.  iss  Typed or printed name of signee  Filing Fees:  rganization and Designation of Registered Agent  ARR  ARR  ARR  ARR  ARR  ARR  ARR  A
REQUIRED SIGNATURE:  Signature of a not aware that any fall constitutes a third degr  Joshua F. We  S125.00 Filing Fee for Articles of O S 30.00 Certified Copy (Optional)	neighber of an authorized representative of a member.  wied in accordance with section 605.0203 (1) (b), Florida Statutes.  see information submitted in a document to the Department of State eee felony as provided for in s.817.155, F.S.  iss  Typed or printed name of signee  Filing Fees:  rganization and Designation of Registered Agent  ARR  ARR  ARR  ARR  ARR  ARR  ARR  A
REQUIRED SIGNATURE:  Signature of a not aware that any fall constitutes a third degr Joshua F. We  S125.00 Filing Fee for Articles of O S 30.00 Certified Copy (Optional)	neighber of an authorized representative of a member.  med in accordance with section 605.0203 (1) (b), Florida Statutes.  see information submitted in a document to the Department of State eee felony as provided for in s.817.155, F.S.  iss  Typed or printed name of signee  Filing Fees:  rganization and Designation of Registered Agent  SSE  Typed or printed name of Signee