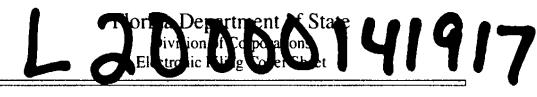
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Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		

FLORIDA LIMITED LIABILITY CO. RL Real Estate Manager I, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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ARTICLE I - Name: The name of the Limited Liabil	ity Company ice		* f
E CANAL OF THE ENTINES ENTRY	ity Company is.		* :4
~	RL Real Es	tate Manager	· I, LLC
(Must con	tain the words "Limited I	Liability Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street a	address of the principal of	ffice of the Li	mited Liability Company is:
Princip	al Office Address:		Mailing Address:
110 SE 2nd Street,	Suite 101		110 SE 3-4 Co Cult- 101
FIO 3E 200 SUCCE	54.10		
Delray Beach, FL : ARTICLE III - Registered Ag The Limited Liability Company	ent, Registered Office, &	Registered As	Delray Beach, FL 33444 Agent's Signature: gent. You must designate an individual or
ARTICLE III - Registered Ag The Limited Liability Company another business entity with an	ent, Registered Office, & cannot serve as its own active Florida registration	Registered Ap	Delray Beach, FL 33444
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	ent, Registered Office, & cannot serve as its own active Florida registration address of the registered	Registered Ap	Delray Beach, FL 33444 Agent's Signature: gent. You must designate an individual or
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Delray Beach, FL	ent, Registered Office, & cannot serve as its own active Florida registration address of the registered Alexan	Registered Apr.) agent are: ider P. Redfe Name	Delray Beach, FL 33444 Agent's Signature: gent. You must designate an individual or
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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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

SECHELARCE OF S

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Title:		Name and Address:	
"AMBR" = Authori	zed Member	THE PARTY OF THE P	
"MGR" = Manager			
MGR		DI Managa II C	
MOK		RL Manager, LLC 110 SE 2nd Street, Suite 101	
		Delray Beach, FL 33444	
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