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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: GREENBERG TRAURIG (WEST PALM

Account Number : 075201001473

Phone Fax Number : (561)955-7600 : (561)395-2807

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

Email Address:

Foreign Limited Liability Company RS Financial Management, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

C. LEWIS

SEP -2 2011

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608-503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| 14 | DO Ciamatial Management 1.1.0 | |
|-----|---|-----------------|
| I. | RS Financial Management, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") | _ |
| | (Name of Poteign Change Lisbility Company; must include "Limited Liability Company," "L.L.C.," or "LLC,") | |
| 77. | | |
| (1) | f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the assent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabi | written lity |
| | ompany," "L.L.C," "LLC:") | |
| 2 | Delaware 3, 45-2867220 | |
| | (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) | - |
| | company is organized) | |
| 4. | 7/29/11 5 Perpetual | |
| | (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") | • |
| | | |
| 6. | (Date first transacted business in Florida, if prior to registration.) | • |
| | (See sections 608.501 & 608.502 F.S. to determine penalty liability) | |
| 7 | 500 NE Spanish River Blvd., Suite 15 | |
| | 25 | -201 |
| | Boca Raton, FL 33431 | <u>-</u> |
| | (Street Address of Principal Office) | 2011 SEP |
| 8. | If limited liability company is a manager-managed company, check here 🗸 | 1 1 |
| | | |
| 9. | The name and usual business addresses of the managing members or managers are as follows: | <u> </u> |
| | RS Financial Services, LLC | · ထု |
| | | <u>~</u> |
| | 500 NE Spanish River Blvd., Suite 15 | © |
| | Poss Potes El 22/21 | • |
| | Boca Raton, FL 33431 | |
| 10. | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reco | ands in |
| | juristiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a | |
| | relation of the certificate under cath of the translator must be submitted.) | |
| 11 | . Nature of business or purposes to be canducted or promoted in Florida: | |
| | | |
| | Any lawful business // | • |
| | · () L | |
| | Signature of a member or an authorized representative of a member, | |
| | (In accordance with section 608,408(3), F.S., the execution of this document constitutes an affirmation under the | |
| | penaltics of perjury that the facts stated herein are true. 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.) | |
| | Andrew Schwartz | |
| | Typed or printed name of signee | |

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| RS Financial Management, LLC | |
|---|--|
| If unavailable, the alternate to be used in the state of Florida is: | |
| 2. The name and the Florida street address of the registered agent and office are: | |
| Andrew Schwartz (Name) | FILE 2011 SEP -1 SECRETARY TALLAHASSI |
| 500 NE Spanish River Blvd., Suite 15 Florida Street Address (P.O. Box NOT ACCEPTABLE) | TARY OF |
| Boca Raton FL 33431 City/State/Zip | M 8: 20 STATE FLORID |
| | P |

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 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

S 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "RS FINANCIAL MANAGEMENT, LLC" IS
DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN
GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF
THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF AUGUST, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RS FINANCIAL MANAGEMENT, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF JULY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5017671 8300

110965595

DATE: 08-30-11

AUTHENT

Jeffrey W. Bullock, Secretary of State

CATION: 9000335

You may verify this certificate onl. at cosp. delaware. gov/authver.shtml