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10/24/2013

NAME:

RW JIB PHOENIX LLC

TYPE OF FILING: APPLICATION

COST:

125.00

RETURN: Plain Copy Please

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

CR2E027 (9/10)

COVER LETTER

TO:

Registration Section Division of Corporations

BURGER RW JIB Phoenix, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Fiorida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Fiorida.

Please return all correspondence concerning this matter to the following:

Bryan Levy		
	Name of Person	
Redwood Part	ners, Inc.	
	Firm/Company	
216 Knollcrest	Ct.	
	Address	
Martinez, CA	94553	<u></u>
· ·	City/State and Zip Code	
bal@redwoodr	partnersinc.com	
E-mail address	s: (to be used for future annual report nodification)	
For further information concerning this matter, pl	lease call:	22
Bryan Levy	925 370-1945	
Name of Person	Area Code & Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tellahassee, FL 32301	CRATE TO THE SECOND AS

Enclosed is a check for the following amount:

■ \$125.00 Filing Fee

\$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee; Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: RW JIB Phoenix, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC,") 2. Delaware 3. 27-4283942 (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 4, 12/15/2010 5. perpetual (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) 8/1/2013 (Data first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 1494 Capital Circle NW Tallahassee, FL (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Bryan Levy 216 Knollcrest Ct, Martinez, CA 94553 Scott McCarter 361 Forest Ave, Ste 206, Laguna Beach, CA 92651 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the cartificate is in a foreign language, and it translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Own and operate a rental property.

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 penalties 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.)

Bryan Levy

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.

	of the Limited Liability Comp B Phoenix, LLC	any is:			
If unavailable	e, the alternate to be used in the	state of Florida is:			
2. The name	and the Plorida street address	of the registered agent and office ar	e:		
	Cal Title-Search	n, Inc.			
		(Name)			
	1540 Glenway [
	Florida Street Add	dress (P.O. Box NOT ACCEPTABLE)			
	Tallahassee	_{FL} 32301	98 7 3 4 4 A		
		City/State/Zip		ಪ:	il "čnokom
liability compregistered ag	pany at the place designated in tent and agree to act in this capting to the proper and complete biligations of my position as regin	to accept service of process for the clins certificate, I hereby accept the accity. I further agree to comply with performance of my duties, and I am stered agent as provided for in Chap	ppointment as the provisions of all familiar with and	0CT 24 AH 8: 47	The material

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 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 "RW JIB PHOENIX, 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 TWENTY-FOURTH DAY OF OCTOBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RW JIB

PHOENIX, LLC" WAS FORMED ON THE FIFTEENTH DAY OF DECEMBER, A.D.
2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

۳,

4913745 8300

131230411

AUTHENTYCATION: 0838734

DATE: 10-24-13

You may verify this certificate online at corp. delaware.gov/authver.shtml