

M14 0 0000 3777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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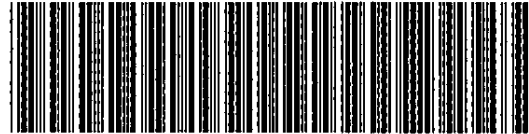
(Business Entity Name)

(Document Number)

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14 MAY 27 PM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6202
647



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 13, 2014

ROBERT MARGOLIN
6706 145TH PL N
PALM BEACH GARDENS, FL 33418-7294

SUBJECT: RM 5 FIFTH AVENUE, LLC
Ref. Number: W14000030080

We have received your document for RM 5 FIFTH AVENUE, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 814A00010179

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RM 5 Fifth Avenue, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Robert Margolin

Name of Person

Firm/Company

6706 145th Place North

Address

Palm Beach Gardens, Florida 33418-7294

City/State and Zip Code

robertmmargolin@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jay Pivnick

Name of Contact Person

386

Area Code

439-1620

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
Tallahassee, FL 32301

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
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. RM 5 Fifth Avenue, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. New York

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 11-3349345

(FEI number, if applicable)

4. May 1, 2014

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6706 145th Place North

Palm Beach Gardens, FL 33418-7294

(Street Address of Principal Office)

6. 2561 Moody Boulevard Suite A

Flagler Beach, FL 32136

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Robert M. Margolin

MEM

6706 145th PLACE North

PALM BEACH GARDENS, FL 33418

8. 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 certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Robert Margolin

Signature of an authorized person

(In accordance with section 605.0203, 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 §17.155, F.S.)

Robert M MARGOLIN

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

RM 5 Fifth Avenue, LLC.

If unavailable, the alternate to be used in the state of Florida is:

RM 5 Fifth Ave, LLC.

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

Jay Pivnick

(Name)

2561 Moody Boulevard Suite A

Florida Street Address (P.O. Box NOT ACCEPTABLE)

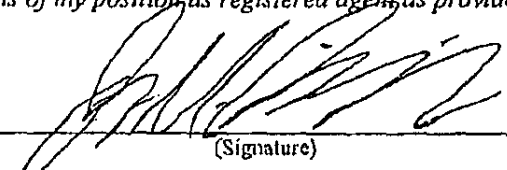
Flagler Beach

FL

32136

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, Florida Statutes.


(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

14 MAY 27 AM 10:05
STATE OF FLORIDA
RECEIVED

**State of New York
Department of State } ss:**

I hereby certify, that RM 5 FIFTH AVENUE, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 10/25/1996, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

An Affidavit of Publication of RM 5 FIFTH AVENUE, LLC was filed on 01/17/1997.

An Affidavit of Publication of RM 5 FIFTH AVENUE, LLC was filed on 01/17/1997.

A Biennial Statement was filed 10/07/1998.

A Biennial Statement was filed 10/18/2000.

A Biennial Statement was filed 10/18/2002.

A Biennial Statement was filed 09/22/2004.

Certificate of Change was filed on 04/13/2006.

A Biennial Statement was filed 10/18/2006.

A Biennial Statement was filed 09/25/2008.

A Biennial Statement was filed 10/27/2010.

A Biennial Statement was filed 10/05/2012.

I further certify, that no other documents have been filed by such Limited Liability Company.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 20th day of May
two thousand and fourteen.*

Anthony Giardina

Anthony Giardina
Executive Deputy Secretary of State

14 MAY 27 AM 10:05
SECRETARY OF STATE
TALLAHASSEE
FLORIDA

FILED