Division of Corporations

Page 1 of 1



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number ; FCA000000023 Phone : [850] 222-1092

Fax Number : (850)878-5368

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

Email Address:

#### Foreign Limited Liability Company RCG-Plant City Walden, LLC

Certificate of Status	0
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S. YOUNG

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#### **COVER LETTER**

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SUBJECT: R	CG-Plant City Wolde	en, LLC			····		
		Name of Limite	d Liability Company				
		gn Limited Liability Comp to register the above refer					
Please return al	I correspondence con	cerning this matter to the	following:				
	Sonya Morris						
	<del></del>	N	ame of Person				
	RCG Ventures I, I	rc					
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	Atlanta, Georgia 3	0305					-
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For further info	rmating concerning t	his matter, please call:					
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John 7	T, Grieb, Esq.		at ( 404	443-5717			
<del></del>	Name of C	Contact Person	Area Code	Daytim	a Telephone Number		
MAIL	ING ADDRESS;	STREE	ET ADDRESS:				
Divisi	on of Corporations	Divisio	n of Corporations				
	tration Section Nox 6327		ation Section Building				
	nssee, FL 32314	2661 E	xecutive Center Cin see, FL 32301	cle			
Enclosed to a	check for the fol	lowing amount:					
		3 \$130,00 Filing Fee &	□ \$155.00 Filing	<b>,</b>	\$160.00 Filing Pec		
	-	Certificate of Status	Certified Cop	y	of Status & Certifi	ed Copy	

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

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

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate na liability Company,""L.L.C," or "LLC.")	me must include '	"Limited
Delaware 3.		
(Jurisdiction under the law of which foreign limited liability (FEI number, if applica company is organized)	ble)	
i		<del></del>
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		
3060 Peachtree Road, N.W., Suite 400		
Atlanta, Georgia 30305	ei	
(Street Address of Principal Office)	26	<u> </u>
3060 Peachtree Road, N.W., Suite 400		<u>\( \sigma \) \( \</u>
Address O	表示	, P
Atlanta, Georgia 30305 (Mwilling Address)	وجيد فراني وجود جراني ما حرو و	
· · · · · · · · · · · · · · · · · · ·	<u>]</u> ;;;	
7. The name, title or capacity and address of the person(s) who has/have authority to ma	mage is/are:	
RCG Ventures Fund III, LP, Manager	물관	72
	***	
1060 Peachtree Road, N.W., Suite 400		_
Atlanta, Georgia 30305		
. Attached is an original certificate of existence, no more than 90 days old, duly authent aving custody of records in the jurisdiction under the law of which it is organized. (A pleceptable. If the certificate is in a foreign language, a translation of the certificate under oust be submitted)	notocopy is n	ot
- Ant El	_	
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 in aware that any false information submitted in a document to the Department of State constitutes a third degree fellony as provided		
John T. Grick, Authorized Person		
×	<del></del>	

# 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.

Walden, LLC	·	
, the alternate to be used in	n the state of Florida is:	
and the Florida street addr	ess of the registered agent and office are:	<del>v</del>
C T Corporation System		
	(Name)	. SS #
		TVIL CASELL SER
Florida Street	t Address (P.O. Box NOT ACCEPTABLE)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Plantation	FL 33324	- 프로프
	City/State/Zip	1 2: 5 10000
any at the place designated ent and agree to act in this	and to accept service of process for the above s i in this certificate, I hereby accept the appoint capacity. I further agree to comply with the pr	ment as
	lete performance of my duties, and I am familio registered agent as provided for in Chapter 60	ar with and
	and the Florida street addr C T Corporation System  1200 South Pine Island Ros Florida Stree  Plantation  named as registered agent any at the place designated	and the Florida street address of the registered agent and office are:  C T Corporation System  (Name)  1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE)  Plantation  FL 33324  City/State/Zip  mamed as registered agent and to accept service of process for the above any at the place designated in this certificate, I hereby accept the appoint

Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

\$ 30.00

# Delaware

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RCG-PLANT CITY WALDEN, 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 SECOND DAY OF SEPTEMBER, A.D. 2014.

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

8300

AUTHENTYCÄTION: 1662792

DATE: 09-02-14