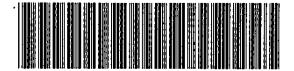
M1500000067

(Requestor's I	Name)	
(Address)		
(Address)		
(Addiess)		
(City/State/Zip/Phone #)		
PICK-UP W	AIT MAIL	
(Business Ent	ity Name)	
(Document Number)		
Certified Copies Cert	ificates of Status	
Special Instructions to Filing Officer:		

Office Use Only



700267310037

12/15/14--01043--010 **155.00

SECRETARY OF STATE

LOUNCE O NAL GRANDS

m



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 17, 2014

H. KENNETH MERRITT JR 60 LAKE ST 2ND FLOOR PO BOX 5839 BURLINGTON, VT 05402

SUBJECT: RATH MOR, LLC Ref. Number: W14000074982

We have received your document for RATH MOR, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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: 014A00026703

COVER LETTER

TO: Registration Section
Division of Corporations

_{subject:} Rath Mor, 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:

H. Kenneth Merritt, Jr., Esq.

Name of Person

Merritt & Merritt & Moulton

Finn/Company

60 Lake Street, 2nd Floor, PO Box 5839

Address

Burlington, VT 05402

City/State and Zip Code

tprevo@merritt-merritt.com

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

For further information concerning this matter, please call:

Timothy J. Prevo

...802

658-7830

Name of Contact 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
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 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:

I. Rath Mor 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 na Liability Company," "L.L.C," or "LLC.")	ame must include "Limited
₂ Delaware _{3.} None	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applied company is organized)	ble)
4. N/A	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 180 Battery Street, Suite 250	
Burlington, VT 05401	
(Street Address of Principal Office) 6. 180 Battery Street, Suite 250	
Burlington, VT 05401	AS A
(Mailing Address)	22 5
7. The name, title or capacity and address of the person(s) who has/have authority to ma	and San T
Mr. Stephen P. Magowan, Manager	
180 Battery Street, Suite 250	
Burlington, VT 05401	— ₹25 28
8. Attached is an original certificate of existence, no more than 90 days old, duly authent having custody of records in the jurisdiction under the law of which it is organized. (A p acceptable. If the certificate is in a foreign language, a translation of the certificate under must be submitted) Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of the discussed by constitutes an affirmation under the penalties of perjury am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provide	hotocopy is not coath of the translator that the facts stated herein are true. I
Stephen P. Magowan	_
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.

Rath Mo		ed in the state of Florida is:	
2. The name	and the Florida street ac	address of the registered agent and office are:	-
	United Corp	porate Services, Inc.	
		(Name)	
	9200 South	n Dadeland Blvd. Suite 508 🚽	
	Florida S	Street Address (P.O. Box NOT ACCEPTABLE)	ति जै
	Miami	FL 33156	JAN -2
		City/State/Zip	< V i ⊃ 🔼 Xina
liability comp registered age statutes relati	any at the place designa ent and agree to act in th ing to the proper and cor	ent and to accept service of process for the above stated in this certificate, I hereby accept the appointment this capacity. I further agree to comply with the provimplete performance of my duties, and I am familiar was registered agent as provided for in Chapter 605, F	ni as sions of all with and
/	Michael St. Bo	Michael A. Barr, President (Signature)	

\$ 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 "RATH MOR 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 ELEVENTH DAY OF DECEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RATH MOR LLC"
WAS FORMED ON THE TWENTY-FIFTH DAY OF NOVEMBER, A.D. 2014.

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

15 JAN -2 AM 7: 38
SECRETARY OF STATE
TALL AHARSES FINALS

5647038 8300

141521873

AUTHENTICATION: 1947689

DATE: 12-11-14

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