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DATE: 1/21/16

NAME: REOSB I, LLC

**TYPE OF FILING:** APPLICATION

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ACCOUNT: **FCA00000015** 

AUTHORIZATION: ABBIE/PAUL HODGE

Hoche

## COVER LETTER

TO:	<b>Registration Section</b>		
	Division of Corporations		

Resobly LL SUBJECT: 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:

ADTEL Gorel Name of Person REDSB 1, LLC Firm/Company 165N Redwood DR Ste. RAFAEL (A-City/State and Zip Code 94903 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

<u>Area Code</u> at <u>(415)</u> <u>9777584</u> Area Code Daytime Telephone Number 4-dul

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, PL 32301

Enclosed is a check for the following amount: \$\begin{aligned}
\$125.00 Filing Fee \Begin{aligned}
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\$130.00 Filing Fee \& Certificate of Status
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\$125.00 Filing Fee \& Certificate of Status
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\$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:

0 Company; must include "Linuited 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.")

2.00	ction under	are	~		
(Jurisdi	ction under	the law of	which fo	reign limi	ted liability
	any is organ	(ized)			

3. <u>26-2799965</u> (PEI number, if applicable)

6 JAN 21 AM 9: 1

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

165 N. Redwood Drive, Suite 150

San Rafael, CA 94903

4

(Street Address of Principal Office)

6. 165 N. Redwood Drive, Suite 150

San Rafael, CA 94903

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:	PARACORP INCORPORATED		
Office Address:	155 OFFICE PLAZA DRIVE 1ST FLOOR		
	TALLAHASSEE	, Florida	32301
	(City)		(Zip code)

Registered agent's acceptance:

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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Anaver Course Arst Screetericy (Registered agent's signature)

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

rembel

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

ADIEL, Gorel Typed or printed name of signee



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REOSE I, 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 TWENTIETH DAY OF JANUARY, A.D. 2016.

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





4969828 8300

SR# 20160313631 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 201702217 Date: 01-20-16