

Florida Department of State

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FEB 0 5 2016

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$\omega_{\rm SP}$ LIGHT BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS in $\psi_{\rm SP}$ and $\psi_{\rm SP}$

	CTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SU USINESS IN THE STATE OF FLORIDA:	IBMITTED TO REG	ISIER A P	OREIGN	IIMITED L	<i>UBILI</i> TI
RIF Family 17700, LL		eren reserve anno (U) Sil	N 42237	Tro Per		
(Name of For	eign Limited Liability Company; must include "Limited Liabil	ary Company,""La	L.C., " er "i	LLC.")		
(I:Frame unavailable, onter a Li ability Company," "L.L.C.	itemate name adopted for the purpose of transacting business " or "LLC,")	n Plorida. The alte	mate name	must in	clude "Limit	cď
Delaware	3					
Description under the law tempany is organized)	of which foreign limited liability	(FEI number, if ap	plicable)			
4,	(Date first transacted business in Florida, if prior to n	seistration.)				
	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determine;	enalty liability)				
5. 1065 Kane Concourse	, Suite 201					
Bay Harbor Islands, FJ	L 33154					
	(Street Address of Principal Office)		en ()			
6. 1065 Kane Concourse,	Suite 201		250	2016		
Bay Harbor Islands, Fl	L 331 5 4		CRE		Sent Time	
	(Mailing Address)		55		IR PTM MAN	:
7. Name and street address	85 of Florida registered agent: (P.O. Box <u>NOT</u> acceptat	le)	YES Y		1	
	Robert Finvarb		E OF	\triangleright		
Name:	1065 Kane Concourse, Suite 201		10.1 /LS	÷	O	
Office Address:		33154	ATE RIDA	29		
	(City)	Florida 33154	oode)			
designated in this applica	tance: egistered agent and to accept service of process for the idon, I hereby accept the appointment as registered ago ions of all statutes relative to the proper and/complete p	ent and agree to a	ect in this	capacit	y. I furthe	r agree
accept the obligations of	my position as registered agent.	Eritomance of m	iy uuties, i	14 K 21 MA	n Jamaiui	PHI 41
				,		
	(Ragistered agent's signature)					
8. The name, title or cape	acity and address of the person(s) who has/have authorit	y to manage is/are	3 :			
Robert Finvarb MCC						
1065 Kane Concourse, Su	uite 201				_	
Bey Harbor Islands, FL 3:	3154				_	
	of existence, no more than 90 days old, duly authenticate of which it is organized. (If the certificate is in a foreign ubmitted)					
	Stepspare of an authorized person					
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (b), Florida Store Department of State constitutes a third degree felon	atutes. I am aware y as provided for	that any t in s.817.1	alse inf 55, F.S.	ormstion	

Typed or printed same of signee

Robert Finvarb

Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "RIF FAMILY 17700, 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 THIRD DAY OF FEBRUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RIF FAMILY 17700, LLC" WAS FORMED ON THE FOURTEENTH DAY OF JANUARY, A.D. 2016.

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

Authentication: 201774781

Date: 02-03-16