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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) 205-8842

Fax Number

: (850)878-5368

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

## Foreign Limited Liability Company Roseview Realty Partners, LLC

Certificate of Status	0
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## COVER LETTER

UBJECT:	Roseview Realty Partners, LLC			
0203011	Nam	e of Limited Liability	Company	••
he enclosed xistence, and	"Application by Foreign Limited Liability C I check are submitted to register the above r	Company for Authoriz eferenced foreign lim	ation to Transact Business in Florida, ited liability company to transact busi	" Certificate of ness in Plorida,,
lease roturn i	all correspondence concerning this matter to	the following:	•	
	Rosemary Costantini			
		Name of Person		-
,	The Reseview Group			
•		Finn/Company	<del></del>	•
	75 Federal Street Suite 610			
		Address	<del>=</del>	•
	Boston, MA 02110			
	Cit	ty/State and Zip Code	}	*
	rcostantini@roseview.com			
	H-mail address: (to be	used for future annua	report notification)	•
or further info	ormation concorning this matter, please call:	1		F- 21
CTC	orporation System	800 at (	225-2034	ZIII SEP
·	Name of Contact Person	Area Code	Daytime Telephone Number	
	LING ADDRESS:		STREET ADDRESS:	37 × 0
	ion of Corporations		Division of Corporations	יי"י סד
	tration Section		Registration Section Clifton Building	F3
	Box 6327 Dassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301	

9/6/2016 3:16:32 PM From: To: 8506176383( 3/4 )

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

Roseview Realty Partner		clude "Limited Liability Company," "L.L.C.," or	LLC.")
frame unavailable enter of	turnete name advanted for the number of	transacting business in Florida. The alternate nam	a must include "I imited
lability Company," "L.L.C,"	" or "LLC.")	namacing business in Finita. The ancitate name	And morado Emilio
Delaware		3	
company is organized)	of which foreign limited liability	(FEI number, if applicable)	
. upon filing	/5 A		
75 Federal Street Suite	·	Fiorida, it prior to registration.)  5. F.S. to determine penalty liability)	
Boston, MA 02110			
75 Federal Street Suite	(Street Address of Princ	eipai Unice)	
10 Lederal pricer parts	V4V		
Boston, MA 02110			
	(Mailing Addr	ess)	SEP TH
. Name and street addres	s of Florida registered agent: (P.O. I	Box NOT acceptable)	C.3 · ·
Name:	C T Corporation System		0,71 Fire 6
Office Address:	1200 South Pine Island Road		
	Plantation	, Florida 33324	The second secon
	(City)	(Zip code)	
lesignated in this applica o complywith the provision occept the obligations of r	tion, I hereby accept the appointment ons of all statutes relative to the property position as registered agent.  C T Corporation System (Registered acity and address of the person(s) who	of process for the above stated limited liabile in as registered agent and agree to act in this per and complete performance of my duties, in agent's signature)  LGA HWULL, Whashave authority to manage is/are: 610 Boston, MA 02110	s capacity. I further agree and I am famillar with an
	· · · · · · · · · · · · · · · · · · ·		<del></del>
Attached is a certificate	of existence, no more than 90 days o	old, duly authenticated by the official having o	oustody of records in the
urisdiction under the law of the translator must be su	of which it is organized. (If the certiful ubmitted) with the certiful	icate is in a foreign language, a translation of	the certificate under onth
This document is executed aubmitted in a document to	I in accordance with section 605.0203 the Department of State constitutes	3 (1) (b), Florida Statutes. I am aware that any a third degree felony as provided for in s.817.	false information 155, F.S.

Typed or printed name of signee



Page 1

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

DELAWARE, DO HEREBY CERTIFY "ROSEVIEW REALTY PARTNERS, 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 SIXTH DAY OF SEPTEMBER, A.D. 2016.

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

Authentication: 202938445

Date: 09-06-16

4773596 8300

SR# 20165657529

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