M1600000 8673

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| • | | | | |
| | | | | |
| | | | | |

Office Use Only



200291655272



1 2015

YELLIN

ct corp c/o sunshine corporate

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

| Name: Document #: Order #: | Date: 127/6 ACCT. 120160000072, June Day St Cloud RTO | .∵ |
|---|---|-----------|
| Certified Copy of Arts & Amend: | | |
| Plain Copy: Certificate of Good Standing: | | |
| Apostille/Notarial Certification: | Country of Destination: Number of Certs: | |
| Filing: | Certified: Plain: COGS: Cogs: Certified: Cogs: Cogs: | - Son |
| Availability Document Examiner Updater Verifier W.P. Verifier | Amount: \$ 150 Amount: \$ 150 Name | |



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 28, 2016

CT CORP/SUNShine Corp.

SUBJECT: ST CLOUD RTO, LLC Ref. Number: W16000073280

ENT OF STATE porations

Personal Person

We have received your document for ST CLOUD RTO, LLC and your check(s) totaling \$. 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 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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 616A00023178

DEBASEMENT OF STATE

COVER LETTER

| | Registration Section Division of Corporatio | ns | | | | |
|--------------|--|--|------------------------------------|--|--|--|
| SUBJECT | ST Cloud RTO LL | С | | | | |
| | | Name of | Limited Liability | Company | | |
| | | | | | ansact Business in Florida," (y company to transact busine | |
| Please retu | urn all correspondence | concerning this matter to the | following: | | | |
| | Michael Benne | ett | | | | |
| | | N | ame of Person | | | |
| | Buddys Partne | rs LLC | | | | |
| | | F | irm/Company | | | |
| | 4705 S. Apopk | a Vineland Road Suite 206 | | | | |
| | | | Address | | | |
| | Orlando, FL 3: | 2819 | • | | | |
| | ···· | City/S | tate and Zip Code | ; | _ | |
| | mbennett@budd | yrents.com | | | | |
| | | E-mail address: (to be use | d for future annua | report no | tification) | |
| For further | r information concerning | g this matter, please call: | | | | |
| - N | Aichael Bennett | | 803 at (| 371-76 | 518 | |
| | Name o | of Contact Person | Area Code | Day | time Telephone Number | |
| D R P. | IAILING ADDRESS: division of Corporations egistration Section O. Box 6327 allahassee, FL 32314 | | | Division Registrat Clifton B 2661 Exc | of Corporations ion Section suilding ecutive Center Circle see, FL 32301 | |
| | s a check for the follow 1 \$125.00 Filing Fee | ring amount: □ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filin Certified Copy | ng Fee & | ☐ \$160.00 Filing Fee, Cert 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:

| , ST Cloud RTO LLC | | | | |
|--|---|---|--|--------------|
| | ign Limited Liability Company; must include | de "Limited Liability Company," "L.L.C.," or "L | .LC.") | |
| | | | 1 1 67 2 2 | |
| (If name unavailable, enter al Liability Company," "L.L.C," | ternate name adopted for the purpose of train or "LLC.") | nsacting business in Florida. The alternate name | must include "Limited | |
| 2. Delaware | 3. | 61-1802150 | | |
| (Jurisdiction under the law company is organized) | of which foreign limited liability | (FEI number, if applicable) | And the state of t | |
| 4 | | | • | |
| | (Date first transacted business in FI (See sections 605.0904 & 605.0905, F | orida, if prior to registration.) -S. to determine penalty liability) | | |
| 5. 4705 S. Apopka Vinels | | | | |
| Orlando, FL 32819 | | | 7.72 2 | |
| · · · · · · · · · · · · · · · · · · · | (Street Address of Principa | l Office) | | |
| 6. 4705 S. Apopka Vinela | nd Road Suite 206 | | OCT AND | * 1 |
| Orlando, FL 32819 | | | ASS. | E MINES. |
| | (Mailing Address |) | | fi Herman |
| 7. Name and street addres | s of Florida registered agent: (P.O. Box | (NOT acceptable) | | į i |
| Name: | C T Corporation System | | S A ₩ | ٠,, ٠ |
| Office Address: | 1200 South Pine Island Road | | 5 | |
| | Plantation | , Florida 33324 | | |
| Registered agent's accep | (City) | (Zîp code) | | |
| designated in this applicate to complywith the provision accept the obligations of t | tion, I hereby accept the appointment o | process for the above stated limited liabilit is registered agent and agree to act in this and complete performance of my duties, t | capacity. I further a | gree |
| | (Registered ag | ent's signature) | | |
| 8. The name, title or capa | city and address of the person(s) who h | as/have authority to manage is/are; | | |
| Jemma Larance - Control | er - 4705 S. Apopka Vineland Road Sto | 206 Orlando, FL 32819 | | |
| Michael Bennett - COO - | 4705 S. Apopka Vinciand Road Stc 200 | 5 Orlando, FL 32819 | | |
| Brian Kahn - Managing P | artner - 4705 S. Apopka Vineland Road | Ste 206 Orlando, FL 32819 | | |
| | of which it is organized. (If the certifica | duly authenticated by the official having cute is in a foreign language, a translation of t | | |
| | Signature of an a | uthorized person | | |
| This document is executed submitted in a document to | in accordance with section 605.0203 (1) the Department of State constitutes a the |) (b), Florida Statutes. I am aware that any faird degree felony as provided for in s.817.1 | false information 55, F.S. | |
| | Typed or printed i | name of signer Adiabatic Description | | |
| | Typed of primed i | name of signee Michael Bennett | | |

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ST CLOUD RTO 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 TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2016.

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

Authentication: 203236364

Date: 10-27-16