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(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: UNUIN Charges made per G. Kevin Callahan (b) & R.A. 13 name Edward D. rodd. Correction & corr. on AP

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FCNCIARY OF STATE

S. WARREN JUN 1 6 2017

Marriott Callahan & Plair

A Professional Corporation Counsellors at Law

William G. Marriott G. Kevin Callaban Margaret L. Blair

520 Washington Boulevard Post Office Box 255 Sea Girt, New Jersey 08750 urww.marriottlaw.com Telephone 732.449.7474

Fax 732.449.2363

Of Counsel Richard D. Aljian, Jr. James J. Kinneally, III

VIA FedEx: 8099 4716 7005

June 14, 2017

Florida Department of State Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: St. Cloud Plaza, LLC a New Jersey LLC

Our File No.: 77783

Dear Sir/Madam:

Enclosed please find the following:

- 1. Florida registration of a foreign entity "Cover Letter";
- 2. Completed Application by St. Cloud Plaza, LLC, a New Jersey limited liability company for Authorization to transact business in Florida;
- 3. Certificate of Good Standing from State of New Jersey as to the applicant dated May 14, 2017 and Certificate Validation issued on June 8, 2017; and
- 4. Registration fee for filing (\$100.00) and Designation of Registered Agent (\$25.00) for a total of \$125.00 (check enclosed).
- 5. Kindly return the extra copy of the application marked as filed in the return FedEx envelope provided.

Very truly

G. KEVIN CALLAHAN

GKC/pg Enclosures

C: Rick Roccesano (email)
 Edward Reitz (email)

COVER LETTER

TO: Registration Section **Division of Corporations**

St. Cloud Plaza, 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:

Edward Reitz

Name of Person

RFFP, L.L.C.

Firm/Company

18485 SE Village Circle

Tequesta, Florida, 33469

City/State and Zip Code

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

For further information concerning this matter, please call:

G. Kevin Callahan, Esq., at 732 449-7474

Name of Contact Person

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:

(If name unavailable, enter alternate i	name adopted for the purpose of transacting business in Florid	a. The alternate name must include "Limited Liabi	lity Company," "L.L.C." or "LLC.")
2 NEW JERSEY		3	
(Jurisdiction under the law of w	which foreign limited liability company is organized)	(FEI numbe	r, if applicable)
4			
· · · · · · · · · · · · · · · · · · ·	(Date first transacted business in Florida, if prior to reg (See sections 605.0904 & 605.0905, F.S. to determine	istration.) penalty liability)	
_{5.} 18485 SE VILLAGE	E CIRCLE	6. 18485 SE VILLAGE CIR	CLE
(Street Address of	•	(Mailing Addre	ss)
TEQUESTA, FLOR	IDA 33469	TEQUESTA, FLORIDA S	33469
7. Name and street addre	ss of Florida registered agent: (P.O. Box 1	NOT acceptable)	SSS 5
Name: E	dward REITZ		
Office Address:	17837 S.E Conch Ba	CAVE.	SI 3
Office Address.			
	TEQUESTA (City)	, Florida 33469	>m \(\omega\)
ınd accept the obligation	is of my position as registered agent.	nd complete performance of my d	uties, and I am Jamiliar with
8. The name, title or cap	Registered agent. Registered agent's sign acity and address of the person(s) who has/	nature) have authority to manage is/are:	
8. The name, title or cap Title or Capacity:	Registered agent's sign acity and address of the person(s) who has/	have authority to manage is/are: Title or Capacity:	Name and Address:
8. The name, title or cap	acity and address of the person(s) who has/	have authority to manage is/are: Title or Capacity:	
8. The name, title or cap Title or Capacity:	Registered agent's sign acity and address of the person(s) who has/	have authority to manage is/are: Title or Capacity:	
8. The name, title or cap Title or Capacity:	acity and address of the person(s) who has/ Name and Address: Edward Reitz REFOLL 18485 SE VILLAGE CIRCLE	have authority to manage is/are: Title or Capacity:	
8. The name, title or cap Title or Capacity:	acity and address of the person(s) who has/ Name and Address: Edward Reitz REFOLL 18485 SE VILLAGE CIRCLE	have authority to manage is/are: Title or Capacity:	
8. The name, title or cap Title or Capacity:	acity and address of the person(s) who has/ Name and Address: Edward Reitz REFOLL 18485 SE VILLAGE CIRCLE	have authority to manage is/are: Title or Capacity:	
8. The name, title or cap Title or Capacity: (SEE ATTACHED)	acity and address of the person(s) who has name and Address: Edward Reitz REFP LL 18485 SE VILLAGE CIRCLE TEQUESTA, FLORIDA 33469	have authority to manage is/are: Title or Capacity:	
8. The name, title or cap Title or Capacity: (SEE ATTACHED) (Use attachments if neces) Attached is a certificate urisdiction under the law	acity and address of the person(s) who has/ Name and Address: Edward Reitz RFF 18485 SE VILLAGE CIRCLE TEQUESTA, FLORIDA 33469 SSARY) e of existence, no more than 90 days old, du of which it is organized. (If the certificate i ubmitted)	have authority to manage is/are: Title or Capacity: C	Name and Address:
8. The name, title or cap Title or Capacity: (SEE ATTACHED) (Use attachments if necess Attached is a certificate urisdiction under the law of the translator must be s	Registered agent. Registered agent agent. Registered agent's sign acity and address of the person(s) who has a new and Address: Edward Reitz REPOLL 18485 SE VILLAGE CIRCLE TEQUESTA, FLORIDA 33469 Signature of a	have authority to manage is/are: Title or Capacity: C. ly authenticated by the official have s in a foreign language, a translation an authorized person	Name and Address:
8. The name, title or cap Title or Capacity: (SEE ATTACHED) (Use attachments if neces 2. Attached is a certificate surisdiction under the law of the translator must be s	acity and address of the person(s) who has/ Name and Address: Edward Reitz RFF 18485 SE VILLAGE CIRCLE TEQUESTA, FLORIDA 33469 SSARY) e of existence, no more than 90 days old, du of which it is organized. (If the certificate i ubmitted)	have authority to manage is/are: Title or Capacity: C. Ily authenticated by the official have in a foreign language, a translation an authorized person I) (b), Florida Statutes, I am aware	Name and Address: ing custody of records in the of the certificate under oath

Typed or printed name of signee

8. (continued) Title

Managing Member of RFFP, L.L.C..

RFFP, L.L.C. a Florida limited liability company, organized on April 25, 2017, is the Managing Member of St. Cloud Plaza, LLC. Edward Reitz is both the Managing Member and Registered Agent of RFFP, L.L.C.

FILED
FILED
FILED

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES LONG FORM STANDING WITH CHARTER DOCUMENTS

ST. CLOUD PLAZA LLC 0450161955

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on April 24, 2017.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

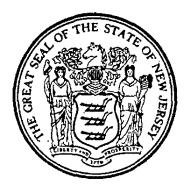
I further certify that the registered agent and office are:

RICHARD T. ROCCESANO 109 3RD AVE. NEPTUNE CITY, NJ 07753

I further certify that as of the date of this certificate, the following amendments and changes are on file in this office:

CHANGE OF REGISTERED OFFICE

04/25/2017



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 14th day of May, 2017

Ford M. Scudder Acting State Treasurer

Certificate Number: 6079740230

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp