M8000	2001116
(Requestor's Name) (Address) (Address)	100308408041
(City/State/Zip/Phone #)	01/31/1801012016 **125.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	18 JAH 34 PH 2: 49
Office Use Only	FEB 0 1 2018 Y SULKER



30195 Chagrin Boulevard, Suite 300 Pepper Pike, Ohio 44124 T: (216) 453-1100 and (216) 292-7776 F: (216) 292-3340 Visit us at www.LDDLegal.com

January 26, 2018

Division of Corporations<br/>Registration Section<br/>P.O. Box 6327<br/>Tallahassee, FI 32314RE:Foreign Entity RegistrationsRE:Foreign Entity RegistrationsENC:Application by Foreign Limited Liability Company for Authorization to Transact<br/>Business in Florida regarding the following:

1801 Nagel Road LLC

RB South Shore, LLC RB Sabal, LLC

Please refer to items checked below

## X The enclosed is for your information and files.

- \_\_\_\_The enclosed is for your further handling.
- \_\_\_\_ Please record the enclosed on our behalf.
- A self-addressed, stamped envelope is enclosed.
- Please telephone our office for an appointment.
- Please forward a time-stamped copy of the enclosed back to this office.

by Gary L. Lieberman, Esq.

TO: Registration Section Division of Corporations SUBJECT: The enclosed "Application by Foreign Limited Liability Compa Existence, and check are submitted to register the above referen Please return all correspondence concerning this matter to the f GARY L. LIEBERMAN, ESQ.	need foreign lin	zation to Transact Business in Florida," Certificate c	
SUBJECT:	any for Authoria need foreign lin	zation to Transact Business in Florida," Certificate c	
Name of L Fhe enclosed "Application by Foreign Limited Liability Compa Existence, and check are submitted to register the above referer Please return all correspondence concerning this matter to the f	any for Authoria need foreign lin	zation to Transact Business in Florida," Certificate c	
Existence, and check are submitted to register the above referen Please return all correspondence concerning this matter to the f	need foreign lin		
	ollowing:		
GARY L. LIEBERMAN, ESQ.			
Na	me of Person		
LIEBERMAN, DVORIN & DOWD, LLC			
Fir	m/Company		
30195 CHAGRIN BLVD., STE 300			
	Address		
PEPPER PIKE, OHIO 44124			
City/Sta	ate and Zip Cod	j	
GARY@LDDLEGAL.COM			
E-mail address: (to be used	for future annu	al report notification)	
For further information concerning this matter, please call:			
GARY L. LIEBERMAN	216 at (	292-7776	
Name of Contact Person	Area Coo	le Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations		STREET ADDRESS: Division of Corporations	
Registration Section		Registration Section	
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle	
		Tallahassee, FL 32301	
Enclosed is a check for the following amount: S125.00 Filing Fee S130.00 Filing Fee &	□ \$155.00 Fil	ling Fee & 🛛 🗆 \$160.00 Filing Fee, Certificate	
Certificate of Status	Certified Cop		

### 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:

L 1801 NAGEL ROAD LLC		
(Name of Foreign Limited Liability Company; must include "Limited Liability Con	nrany," "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. OHIO 3.		
(Jurisdetion under the law of which foreign limited hability company is organized)	(FBI number, if applicable)	
4. UPON APPROVAL		
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liabilit	Ž,	
5 30195 CHAGRIN BLVD., STE 300 6 P.O	Box 711	
5. (Street Address of Principal Office) 6.	(Mailing Address)	
	Pleasant, Pennsylvania 15666	
<ol> <li>Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acce Name: INCORP SERVICES, INC.</li> </ol>	otable)	
Office Address: 17888 67TH COURT NORTH		
LOXAHATCHEE	Florida $\frac{33470}{(Zip code)}$	
(City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for t designated in this application. I hereby accept the appointment as registered to comply with the provisions of all statutes relative to the proper and comple and accept the obligations of my position as registered agent. Sub Mached (Registered agent's signature)	he above stated limited liability company at the place agent and agree to act in this capificity. If the agree te performance of my duties, and i am familiar with	
8. The name, title or capacity and address of the person(s) who has/have author <u>Title or Capacity: Name and Address: Title or</u>	ority to manage is/are: <u>or Capacity</u> : Name and Address:	
Manager Basil Hawanchak <u>P.O. Box 711</u> <u>Mt. Pleasant, PA 15666</u>		
Managing Member     Robert Levin       P.O. Box 711       Mt. Pleasant. PA 15666		

(Use attachments if necessary)

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)

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

Signature of an authorized person GARY L. LIEBERMAN, AUTHORIZED AGENT

Typed or printed name	c of	vignee
-----------------------	------	--------



3773 Howard Hughes Parkway Suite 500S Las Vegas, NV 89169

Phone 702.866.2500 Toll-Free 800.2.INCORP (1-800-246-2677) Fax 702.866.2689

www.incorp.com

January 26, 2018

#### Corporations Division

Florida Department of State Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

To Whom It May Concern:

InCorp Services, Inc., an authorized Corporate Registered Agent in Florida, whose office is located at 17888 67<sup>th</sup> Court North, Loxahatchee, FL 33470, herein consents to act as Registered Agent for **1801 NAGEL ROAD LLC** for purposes and services only related to the Florida Department of State.

If you have any questions, please contact me at (800) 246-2677 from 8:00 a.m. to 5:00 p.m. PST.

Sincerely,

InCorp Services, Inc.

egan Dessey

Megan Bessey, Processor on behalf of InCorp Services, Inc.

PH 2:  $\square$ 

# UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities. that said records show 1801 NAGEL ROAD LLC, an Ohio For Profit Limited Liability Company, Registration Number 3962472, was organized within the State of Ohio on November 22, 2016, is currently in FULL FORCE AND EFFECT upon the records of this office.





Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 25th day of January, A.D. 2018.

Haster

**Ohio Secretary of State** 

Validation Number: 201802502788