

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000043627 3)))



H180000438273ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

Prom:

RECEIVED

Account Name : CORPORATE CREATIONS INTERNATIONAL 01100 1180

Account Number : 110432003 53 Phone : (561)694-3107 Fax Number : (561)694-1639

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

Email Address:_____

Foreign Limited Liability Company RF St. Augustine Marina, LLC

K. SALY FEB 7 2018

Certificate of Status	0
Certified Copy	i
Page Count	03
Estimated Charge	\$155.00

œ	<
FEB	VISION OF CORPORATIONS
-	=
D	7
<u> </u>	
1	-
رن م	• • • •
- 1	-
-	<u>ت</u> .
==	C
-9- -12-	
റ്	- 2
	12.
کر ا	_ <u> </u>
	~~~
<b>л</b> ;	-
Ì	

Electronic Filing Menu

Corporate Filing Menu

Help

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

RP St. Augustine Maris	na, LLC			
(Nume of Foreign	Limited Liability Company, must include "United L	isbility Company, "L.L.C.," or "LLC."	)	
	ame adopted for the purpose of presenting business in Florida	. The afterwate restic exact include "Limited Lie	bility Company," "L.L.C," or "LLC,	7
Delaware (/u-udiction coder the law of wi	arch foreign limited liability company is organized)	3. (PEI ware	bor, (l'applicable)	
	(Date first transacted basiness in Florida, if prior to regi (See anothers 603,0904 & 603,0903, F.S. to determine)	ntresion.) permity lexibility)	<del></del>	
1065 Kane Concourse,	, Suite 201	6; 1065 Knne Concourse, Su	ite 201	므
(Second Address of Principal Office) Bay Harbor Islands, FL 33154		Bay Harbor Islands, FL 33	•	<b>6</b> 45
23,123				FEB OH O
			-	1
Name and street addres	S of Florida registered agent: (P.O. Box N	(OT acceptable)		σ.
Name:	Robert Finvarb			
	1065 Kane Concourse, Suite 201			9: 05
Office Address:		22154		0.5
	Bay Harbor Islands	, Florida 33154	4->	
aving been named as re signated in this applica comply with the provisi	tance: gistered agent and to accept service of pro stion, I hereby accept the appointment as re ions of all statutes relative to the proper as s of my position as registered figent.	ocess for the above stated limited egistered agent and agree to ac	d liability company at the t in this capacity. I furth	ar agree
aving been named as re zignated in this applica comply with the provisi	gistered agent and to accept service of pro tion, I hereby accept the appointment as r ions of all statutes relative to the proper in	ocess for the above stated limited egistered agent and agree to ac	d liability company at the t in this capacity. I furth	ar agree
aving been named as re signated in this applica comply with the provisi	gistered agent and to accept service of pro tion, I hereby accept the appointment as r ions of all statutes relative to the proper in	ocess for the above stated limite egistered agent and agree to acc ad complete performance of my	d liability company at the t in this capacity. I furth	ar agree
aving been named as re exignated in this applica comply with the provisi nd accept the obligation.  The name, title or caps	gistered agent and to accept service of protion, I hereby accept the appointment as relative to the proper as of my position as registered agent active to the proper and active to the proper and the proper are so that the person of t	scess for the above stated limited egistered agent and agree to accomplete performance of my many)  thave suthority to manage is/are:	d liability company at the t in this capacity. I furth duties, and I am familla	ar agree
aving been named as re zignated in this applica comply with the provisi ad accept the obligation.  The name, title or capt Title or Capacity:	gistered agent and to accept service of protion, I hereby accept the appointment as reions of all statutes relative to the proper and of my position as registered agent.  Active and address of the person(s) who has leading and Address;	ocess for the above stated limited egistered agent and agree to accord complete performance of my	d liability company at the t in this capacity. I furth	ar agree
aving been named as re exignated in this applica comply with the provisi nd accept the obligation.  The name, title or caps	gistered agent and to accept service of protion, I hereby accept the appointment as relative to the proper and of all statutes relative to the proper and of my position as registered agent.  Active and address of the person(s) who has a Name and Address;  Robert Finvarb  1065 Kane Concourse, Suite 2:	scess for the above stated limited egistered agent and agree to accomplete performance of my many)  thave suthority to manage is/are:	d liability company at the t in this capacity. I furth duties, and I am familla	agree with
aving been named as re zignated in this applica comply with the provisi ad accept the obligation.  The name, title or capt	gistered agent and to accept service of protion, I hereby accept the appointment as relative to the proper as of my position as registered agent.  Sector and address of the person(s) who has to Name and Address;  Robert Finvarb	scess for the above stated limited egistered agent and agree to accomplete performance of my many)  thave suthority to manage is/are:	d liability company at the t in this capacity. I furth duties, and I am familla	a agree
aving been named as re signated in this applica comply with the provisi ad accept the obligation.  The name, title or capt	gistered agent and to accept service of protion, I hereby accept the appointment as relative to the proper and of all statutes relative to the proper and of my position as registered agent.  Active and address of the person(s) who has a Name and Address;  Robert Finvarb  1065 Kane Concourse, Suite 2:	scess for the above stated limited egistered agent and agree to accomplete performance of my many)  thave suthority to manage is/are:	d liability company at the t in this capacity. I furth duties, and I am familla	agree with
aving been named as re zignated in this applica comply with the provisi ad accept the obligation.  The name, title or capt	gistered agent and to accept service of protion, I hereby accept the appointment as relative to the proper and of all statutes relative to the proper and of my position as registered agent.  Active and address of the person(s) who has a Name and Address;  Robert Finvarb  1065 Kane Concourse, Suite 2:	scess for the above stated limited egistered agent and agree to accomplete performance of my many)  thave suthority to manage is/are:	d liability company at the t in this capacity. I furth duties, and I am familla	agree with
aving been named as resignated in this application this application with the provision accept the obligation.  The name, title or captille or Capacity:  Manager	gistered agent and to accept service of protion, I hereby accept the appointment as relative to the proper as of my position as registered agent.  I have and Address:  Robert Finvarb  1065 Kane Concourse, Suite 2:  Bay Harbot Islands, FL 33154	scess for the above stated limited egistered agent and agree to accomplete performance of my many)  thave suthority to manage is/are:	d liability company at the t in this capacity. I furth duties, and I am familla	agree with
rignated in this applica comply with the provisi and accept the obligation.  The name, title or capt Title or Capacity:	gistered agent and to accept service of protion, I hereby accept the appointment as relative to the proper as of my position as registered agent.  I have and Address:  Robert Finvarb  1065 Kane Concourse, Suite 2:  Bay Harbot Islands, FL 33154	scess for the above stated limited egistered agent and agree to accomplete performance of my many)  thave suthority to manage is/are:	d liability company at the t in this capacity. I furth duties, and I am familla	agree with
aving been named as rezignated in this application this application the provision of accept the obligation.  The name, title or capatite or Capatite or Capatite.  Manager  Use attachments if necess.  Attached is a certificate risdiction under the law	gistered agent and to accept service of protion, I hereby accept the appointment as relative to the proper and of all statutes relative to the proper and of my position as registered agent.  Accept and address of the person(s) who has to name and Address;  Robert Finvarb  1065 Kane Concourse. Suite 2: Buy Harbor Islands, PL 33154  ssry)  of existence, no more than 90 days old, due of which it is organized. (If the certificate it	coers for the above stated limited egistered agent and agree to accomplete performance of my have sutherity to manage is/arc.  Title or Capacity:	d liability company at the in this capacity. I furthed uties, and I am familian harves and Address:  Nature and Address:	agree   with
aving been named as rezignated in this application the provision of accept the obligation.  The name, title or caparate or Capacity:  Manager  Attached is a certificate risdiction under the law the translator must be serial capacity.	gistered agent and to accept service of proton, I hereby accept the appointment as relative to the proper as of my position as registered agent and address of the person(s) who has a Name and Address:  Robert Finvarb  1065 Kane Concourse, Suite 26  Bay Harbot Islands, FL 33154  sary)  of existence, no more than 90 days old, dured which it is organized. (If the certificate is ubmitted)	been for the above stated limited egistered agent and agree to accomplete performance of my have authority to manage is/arc.  Title or Capacity:	d liability company at the it in this capacity. I furthe duties, and I am familial Name and Address:  Name and Address:  aving custody of records the certificate under the certificate under the certificate and the certificate	agree with
aving been named as rezignated in this application that application with the provision accept the obligation.  The name, title or caparate or Caparate.  Manager  Use attachments if necess Attached is a certificate risdiction under the law of the translator must be second. This document is executed in the caparate of the translator must be second.	gistered agent and to accept service of protion, I hereby accept the appointment as relative to the proper as of my position as registered agent and address of the person(s) who has have and Address:  Robert Finvarb  1065 Kane Concourse, Suite 26  Bay Harbot Islands, FL 33154  sary)  of existence, no more than 90 days old, during the first organized. (If the certificate is submitted)  suted in accordance with section 605.0203 (	coess for the above stated limited egistered agent and agree to accomplete performance of my have authority to manage is/arc.  Title or Capacity:  Capacity:  Capacity:  (b) authoriticated by the official has in a foreign language, a translation of the capacity of the ca	Name and Address:  aving custody of records are that any falso information	agree with
aving been named as rezignated in this application this application with the provision accept the obligation.  The name, this or caparate or Capacity:  Manager  Attached is a certificate risdiction under the law the translator must be second. This document is executed.	gistered agent and to accept service of proton, I hereby accept the appointment as relative to the proper as of my position as registered agent and address of the person(s) who has a Name and Address:  Robert Finvarb  1065 Kane Concourse, Suite 26  Bay Harbot Islands, FL 33154  sary)  of existence, no more than 90 days old, dured which it is organized. (If the certificate is ubmitted)	coess for the above stated limited egistered agent and agree to accomplete performance of my have authority to manage is/arc.  Title or Capacity:  Capacity:  Capacity:  (b) authoriticated by the official has in a foreign language, a translation of the capacity of the ca	Name and Address:  aving custody of records are that any falso information	agree with
aving been named as rezignated in this application this application with the provision accept the obligation.  The name, this or caparate or Capacity:  Manager  Attached is a certificate risdiction under the law the translator must be second. This document is executed.	gistered agent and to accept service of proton, I hereby accept the appointment as relative to the proper and of all statutes relative to the proper and of my position as registered agent.  Robert Finvarb  1065 Kane Concourse, Suite 2: Bay Harbot Islands, FL 33154  sary)  of existence, no more than 90 days old, durof which it is organized. (If the certificate is ubmitted)  uted in accordance with section 605.0203 (in the Department of State conspirities a third	coess for the above stated limited egistered agent and agree to accomplete performance of my have authority to manage is/arc.  Title or Capacity:  Capacity:  Capacity:  (b) authoriticated by the official has in a foreign language, a translation of the capacity of the ca	Name and Address:  aving custody of records are that any falso information	agree with

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "RF ST. AUGUSTINE MARINA, 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 FIFTH DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RF ST. AUGUSTINE MARINA, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2017.

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

 $T_{\mu}$ 

_ 18 FEB.=6_AH_9:05_

6683879 8300 SR# 20180721602

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

Authentication: 202090378

Date: 02-05-18