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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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03/13/18--01015--015 **125.00



COVER LETTER

TO: Registration Section Division of Corporations

RRB Panama City MLK, LLC

SUBJECT:

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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:

Erin Morris

Name of Person

Schreeder, Wheeler & Flint, LLP

Firm/Company

1100 Peachtree Street, NE, Suite 800

Address

Atlanta, Georgia 30309

City/State and Zip Code

jim@rrbdevelopment.com

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

For further information concerning this matter, please call:

Erin Morris		-404 at (681-34	50
Name	Area Code	Daytime Telephone Number		
MAILING ADDRESS			STREET	ADDRESS:
Division of Corporation	S		Division	of Corporations
Registration Section			Registrat	ion Section
P.O. Box 6327			Clifton B	uilding
Tallahassee, FL 32314			2661 Exc	cutive Center Circle
			Tallahass	iee, FL 32301
Enclosed is a check for the follow	ving amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	 Certified Copy 	g Fee &	□ \$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:

+ RRB Panama City MLK, LLC

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Delaware 3. (Juridection under the law of which foreign limited hability company is organized) (Fill number, if an (Fill number, if	name unavailable, enter alternate n	ime adopted for the porpose of transacting business in Fk	aida. The a	temate name must include "Limited Li	ability Conspany," "I. I. C." or "LLC
(Initial displity company is organized) (PEI number, if application of the initial inininitial ininitial initial initial ininitial initial in	Delaware				
(Date first transactived builders in TheTda, if prior to registention.) (See sections 603.0904 & 603.0904 & 603.0905, F.S. to determine penalty liability) 210 Sandy Springs Place 6. 210 Sandy Springs Place (Street Address of Furvipol Office) 6. 210 Sandy Springs Place (Street Address of Furvipol Office) 6. 210 Sandy Springs Place Atlanta, GA 30329 Atlanta, GA 30329 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Paracorp Incorporated Office Address: 155 Office Plaza Drive, 1st Floor (City) , Florida 32301 (City) , Florida 32301 (City) (Zip code) egister ed agent's acceptance: aving been named as registered agent and to accept service of process for the above stated limited liabil comply with the provisions of all statutes relative to the proper and complete performance of my duties and accept the obligations of my position as registered agent. (SEE ATTACHED) (Registered agent's signalue) (Registered agent's intervity to manage is/are: Title or Capacity: Name and Address: Title or Capacity:	(Jurisdiction under the law of w)	ich foreign limited liability company is organized)	5.	(FEI nun	wer, il applicable)
210 Sandy Springs Place 6. 210 Sandy Springs Place (Start Address of Friction Office) Atlanta, GA 30329 Atlanta, GA 30329 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Atlanta, GA 30329 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Paracorp Incorporated Office Address: 155 Office Plaza Drive, 1st Floor (Zip code) registered agent's acceptance: (Cip) , Florida 32301 aving been named as registered agent and to accept service of process for the above stated limited liable signated in this application, 1 hereby accept the appointment as registered agent and agree to act in thi comply with the provisions of all statutes relative to the proper and complete performance of my duties and accept the obligations of my position as registered agent. (SEE ATTACHED) (Registered agent's signatec) Registered agent's instance Title or capacity: Name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address:					
210 Sandy Springs Place 6. 210 Sandy Springs Place Street Address of Pricipal Office) Atlanta, GA 30329 Atlanta, GA 30329 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Atlanta, GA 30329 Name: Paracorp Incorporated Office Address: 155 Office Plaza Drive, 1st Floor Tallahassee , Florida (Cip) , Florida gistered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated limited liabilisignated in this application, I hereby accept the appointment as registered agent and agree to act in thi comply with the provisions of all statutes relative to the proper and complete performance of my duties and accept the obligations of my position as registered agent. (SEE ATTACHED) (Registered agent's signatace) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address:		(Date first transacted business in 1 lorida, if prior to (See southors 603 0904 & 603 0905 F.S. to determ	registration	.) Jishikovi	
Atlanta, GA 30329 Atlanta, GA 30329 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Paracorp Incorporated Office Address: 155 Office Plaza Drive, 1st Floor Tallahassee , Florida 32301 (City) (City)	210 Sandy Springs Pla				
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Paracorp Incorporated Office Address: 155 Office Plaza Drive, 1st Floor Tallahassee , Florida 32301 (Cip) (Cip) rgistered agent's acceptance: (Cip) nving been named as registered agent and to accept service of process for the above stated limited liabilities in this application, I hereby accept the appointment as registered agent and agree to act in thi comply with the provisions of all statutes relative to the proper and complete performance of my duties d accept the obligations of my position as registered agent. (SEE ATTACHED) (Registered agent's signate) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Na	(Street Address of F	histigal Office)	0.	(Mailing Ad	dress)
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(Registered speat's signature) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: <u>Title or Capacity:</u> <u>Name and Address:</u> <u>Title or Capacity:</u> <u>Na</u>	signated in this applica comply with the provisi	tion, I hereby accept the appointment a ions of all statutes relative to the proper	is regist	ered agent and agree to ac-	t in this capacity: Cjurth
The name, title or capacity and address of the person(s) who has/have authority to manage is/are: <u>Title or Capacity:</u> <u>Name and Address:</u> <u>Title or Capacity:</u> <u>Na</u>		(SEE ATTACHED)			
Title or Capacity: Name and Address: Title or Capacity: Na		(Registered agent's	signature)		
Title or Capacity: Name and Address: Title or Capacity: Na	. The name, title or capa	city and address of the person(s) who has	as/liave	authority to manage is/are:	
MRG RRB DEVELOPMENT, LLC	· · ·				Name and Address:
	MRG	RRB DEVELOPMENT, LLC	2		
210 Sandy Springs Place Atlanta, GA 30329	·				

James A. Berry	
210 Sandy Springs Place	
Atlanta, GA 30329	
	James A. Berry 210 Sandy Springs Place

(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) An

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 This document is executed in accordate 	(ce	fsith	secti	իո յ	605.0203 (1) (b), Plorida Statutes. I am aware that any false information
submitted in a document to the Department	tof	Stat	e coil	sıjl	utes a third-degree felony as provided for in s.817.155, F.S.
-	1	- 1	/	l1	605.0203 (1) (b). Plorida Statutes. I am aware that any false information utes a third tegree felony as provided for in s.817.155, F.S.

re of an authorized person James A. Berry

Typed or printed name of signee

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 03/07/2018

ENTITY NAME: RRB Panama City MLK, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301 TR MAR 13 PH 3: 08 SECREPTION SEC. PLORIDA

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Milton Vong , Assistant Secretary Paracorp Incorporated



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RRB PANAMA CITY MLK, 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 SEVENTH DAY OF MARCH, A.D. 2018.



Jeffery W. Dudloce Secretary

Authentication: 202276398

6768059 8300

SR# 20181765934 You may verify this certificate online at corp.delaware.gov/authver.shtml

Date: 03-07-18

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