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TO:

TO:		ration Section on of Corporatio	ns		·		
SUBJE		RB Parker Tynda	II. LLC				
			Name of	Limited Liability (Company		
						ansact Business in Florida," (y company to transact busine	
Please r	return all	correspondence	concerning this matter to the	following:			
		Erin Bikoff					
			N	ame of Person			
		Schreeder, Wh	eeler & Flint, LLP				
			F	irm/Company			
•		1100 Peachtree	e St. NE. Suite 800				
				Address			
		Atlanta, GA 30	0309				
			City/S	tate and Zip Code			
		ebikoff@swfllp.	com				
			E-mail address: (to be use	d for future annual	report not	ification)	
For furt	her infor	rmation concerning	g this matter, please call:				
	Er	in Bikoff		_ at (404	_)954-9	9850	
		Name o	of Contact Person	Area Code	Day	time Telephone Number	
	Divisio Registr P.O. Be	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301	
Enclose		eck for the follow 5.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filit Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Cer of Status & Certified Copy	

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate n				
name unavailable, enter alternate n				1 1 21 11 11 11 11 11 11 11
Delaware	ame adopted for the purpose of transacting busines	s in Florida, The alter	nate name must include "Limited L	nability Company," "L.E.C," or "LLC,")
	hich foreign limited hability company is organized)	3	(FET nu	mber, if applicable)
	(Date first transacted business in Florida, if j	mor to registration.)		
	(See sections 605,0904 & 605,0905, F.S. to	determine penalty ha	•	
210 Sandy Springs Pla	CC	6. <u>2</u>	10 Sandy Springs Place	
Atlanta, GA 30328	incipal Office)	٨٠	tlanta, GA 30328	ASE S
<u> </u>				-
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Name and street address	es of Florida revistared agants (P.O.	Day MOT on	antobla)	SEST
Name and <u>street addres</u>	s of Florida registered agent: (P.O.	. 150x <u>NOT</u> ac	reptable)	PH 12:
Name:	Paracorp Incorporated	=.		1.5 K
	155 Office Plaza Drive, 1st Floor			
Office Address:				
Office Address:				3.50
egistered agent's accep aving been named as re signated in this applica comply with the provisi	Tallahassee (Cuy)	e of process fo ent as register coper and com	ed agent and agree to ac	ed liability company at the plo ct in this capacity. I further a
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Typed or printed name of signee

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 DABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate i	nine adopted for the purpose of transacting business in F	forida. The alternate name must include "Limited Li	ability Company," "L.L.C," or "LLC,")
2. Delaware		3	
(Junsdiction under the law of w	high foreign limited hability company is organized)	(FEI nur	nber, if applicable)
4.			
•	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to deter	io registration.) mine penalty liability)	 -
5. 210 Sandy Springs Pla	ace	6. 210 Sandy Springs Place	
(Sueet Address of	Principal Office)	(Mailing Ad	diess)
Atlanta, GA 30328		Atlanta, GA 30328	- ~
			2018 SEC
7. Name and street addres	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)	SEP SEP
Name:	Paracorp Incorporated		NRY SSE
Office Address:	155 Office Plaza Drive, 1st Floor		PHI2: 35
01110071001000	Tallahassee	22201	
	(City)	, Florida 32301	 ΞΞ ω
Registered agent's accep	• •	·	TO CO
	ons of all statutes relative to the prope s of my position as registered agent.		
	s of my position as registered agent.	er and complete performance of my Jody Moua, Assistant Secretar	duties, and I am familiar with
	s of my position as registered agent.	er and complete performance of my Jody Moua, Assistant Secretar	duties, and I am familiar with
and accept the obligation.	s of my position as registered agent.	Jody Moua, Assistant Secretar	duties, and I am familiar with
and accept the obligation. 8. The name, title or capa	(Registered agent) (Registered agent) acity and address of the person(s) who leads to the person of the person o	Jody Moua, Assistant Secretar (s signature) nas/have authority to manage is/are: Title or Capacity:	duties, and I am familiar with
8. The name, title or capa	(Registered agent (Registered agent acity and address of the person(s) who I Name and Address: RRB Development, LLC 210 Sandy Springs Place	Jody Moua, Assistant Secretar (s signature) nas/have authority to manage is/are: Title or Capacity:	duties, and I am familiar with
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Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "RRB PARKER TYNDALL, 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 ELEVENTH DAY OF SEPTEMBER, A.D. 2018.



Authentication: 203400052

Date: 09-11-18