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SUNSHINE CORPORATE FILING OF FLORIDA INC.

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DATE 9/26/2018		*****/***
ENTITY NAME	RONEY APARTMENT, LLC	**WALK IN**
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Please call Tina	at the above number for any issues or concerns. Thank you	so mach!

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Limited Liability Company; must include "Limit	ed Liability Company," "L.L.C.," or "Ll	.C.'')
	ame adopted for the purpose of transacting business in Fl	orida. The alternate name must include "Limite	d Liability Company," "L.I. C," or "LLC,")
Delaware		3. 83-1160511	
(Jurisdiction under the law of w	nich foreign limited hability company is organized)	(FEI	number, if applicable)
have not transacted bu			
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	o registration.) nine penalty liability)	
1105 North Market Str (Street Address of I	reet, Suite 801	6. 1105 North Market Str	eet, Suite 801
		(Mailing	(Address)
Wilmington, DE 1980	1	Wilmington, DE 1980	1 -4 . 60
			
			第 2
Name and street address	ss of Florida registered agent; (P.O. Bo	x NOT acceptable)	
Name:	United Corporate Services, Inc.		P
	9200 South Dadeland Blvd., Ste. 508		م سنان م
Office Address:	9200 South Dadeland Bivd., Ste. 508		
	Miami	, Florida <u>33156</u>	
egistered agent's accep	(City)	(2)	p code)
comply with the provisi	tion, I hereby accept the appointment ions of all statutes relative to the propes of my position as registered agent.	as registered agent and agree to	
comply with the provisi	tion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent.	as registered agent and agree to r and complete performance of	act in this capacity. I further
comply with the provisi	tion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent.	as registered agent and agree to	act in this capacity. I further
comply with the provis. ad accept the obligation	tion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent. (Registered agent)	as registered agent and agree to r and complete performance of s signature) Michael A. Barr, President	uct in this capacity. I further my duties, and I am familiar w
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comply with the provision duccept the obligation. The name, title or capa Title or Capacity:	tion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent. (Registered agent acity and address of the person(s) who have and Address: James T. Lefrak	as registered agent and agree to r and complete performance of signature) Michael A. Barr, President ass/have authority to manage is/a	act in this capacity. I further my duties, and I am familiar w re: Name and Address: Arnold S. Lehman
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Typed or printed name of signee

Arnoid S. Lehman

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "RONEY APARTMENT 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 TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RONEY APARTMENT LLC" WAS FORMED ON THE TWENTIETH DAY OF JUNE, A.D. 2018.

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

18 SEP 26 PH 1: 29
SEPRENCES ELORIDATE
SEPRENCES ELORIDATE



Authentication: 203495178

Date: 09-26-18

6940611 8300 SR# 20186844780

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