

118000008848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

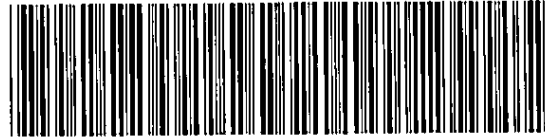
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800319007668

800319007668  
09/27/18--01001--004 \*\*155.00

FILED

18 SEP 26 PM 1:29

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

RECEIVED  
DEPARTMENT OF STATE

18 SEP 26 PM 3:30

K. SALY  
SEP 27 2018

# SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 9/26/2018

**\*\*WALK IN\*\***

ENTITY NAME RONY APARTMENT, LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

\_\_\_\_\_  
XXXXX  
\_\_\_\_\_  
\_\_\_\_\_  
*Plain Copy*  
*Certified Copy*  
*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*Certified Copy of Arts & Amendments*  
*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$155.00

CHECK # 5298

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

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:

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(Jurisdiction under the law of which foreign limited liability company is organized)

(FEI number, if applicable)

(Street Address of Principal Office)

(Mailing Address)

Wilmington, DE 19801

Florida 33156

{City}

(Zip code)

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

**Name and Address:**

40 West 57th Street 23rd Fl  
New York, NY 10019

Arnold L. Lehman  
Signature of an authorized person

Typed or printed name of signee

# Delaware

The First State

Page 1

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.

FILED  
18 SEP 26 PM 1:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



  
Jeffrey W. Bullock, Secretary of State

6940611 8300

SR# 20186844780

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203495178

Date: 09-26-18