# 11/80000 11153

(Requestor's Name)				
(Address)				
. (Address)				
(City/State/Zip/Phone #)				
. PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
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K SALY GEC 1 2 2018 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 521900 4300400

AUTHORIZATION : STREET

COST LIMIT : \$ 160.00

ORDER DATE: December 10, 2018

ORDER TIME : 12:13 PM

ORDER NO. : 521900-005

CUSTOMER NO: 4300400

#### FOREIGN FILINGS

NAME: 205 WEST STATE ROAD 436 LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY

XX \_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

#### COVER LETTER

TO:

то:	Registration Section Division of Corporation	าร				
SUBJI	205 WEST STATE	ROAD 436 LLC				
		Name of	Limited Liability (	Company		
					ansact Business in Florida," C y company to transact busines	
Please	return all correspondence of	concerning this matter to th	e following:			
	<u> </u>	-	Name of Person			
		1	Firm/Company			
	Address					
		City/	State and Zip Code			
		E-mail address: (to be us	ed for future annual	report no	tification)	
For fur	ther information concernin	g this matter, please call:				
			at (	)		
	Name o	f Contact Person	Area Code	Day	rtime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	C ADDRESS: of Corporations ion Section duilding ecutive Center Circle see, FL 32301	
Enclos	ed is a check for the follow ☐ \$125.00 Filing Fee	ing amount:  □ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &	■ \$160.00 Filing Fee, Cert of Status & Certified Copy	

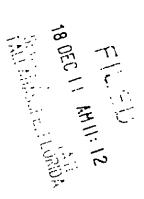
### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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:

(Name of Foreign	OAD 436 LLC n Limited Liability Company, must include "Limite	ed Lability Company " " T. C. " - " 17		
If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	orida. The alternate name traist include "Linuted	Liability Company," "L.L.C." or "LLC.")	
. Dolawaic		3.	, , ,	
(Junimenon under the law of s	which foreign limited hability company is organized)		tumber, if applicable)	
	(Date first minisacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determine	registration )	<del></del>	
Richard L. Wahl, Mar	nager	6. Lyon Polk, Polk Wealth	Management Group (Att.	
(Street Address of Principal Office) 1661 Ringling Blvd., #3559		(Mailing /	Address)	
	<del></del>	Morgan Stanley Private Wealth Management		
Sarasota, Florida 3423		1585 Broadway, 22nd Fl	.NY, NY 10036	
			NY, NY 10036	
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)		
Name:	Corporation Service Company			
Office Address:	1201 Hays Street		į.	
Office Address:	1201 Hays Succe	<del></del>	** !*	
	Tallahassee	, Florida 32301	•	
comply with the provisi	ions of all statutes relative to the proper		ed liability company at the pin ct in this capacity. I further ag y duties, and I am familiar wit	
comply with the provisi				
comply with the provisi	ions of all statutes relative to the proper is of my position as registered agent.  Corporation Service Company	registered agent and agree to a and complete performance of in	ct in this capacity. I further ag y duties, and I am familiar wit	
comply with the provisi d accept the obligation  The name, title or capa	sof all statutes relative to the proper of sof my position as registered agent.  Corporation Service Company  (Registered agent's sincity and address of the person(s) who has	and complete performance of m	ct in this capacity. I further ag y duties, and I am familiar wit Gary Sherman, Asst. Sec	
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8. 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:
Manager of 205 West State Road 436 LLC ("205	Richard L. Wahl
LLC") and General Managing Member ("GMM")	1661 Ringling Blvd., #3559
of RIMA Partners, LLC ("RIMA LLC"), the sole	Sarasota, Florida 34230
Member of 205 LLC	



## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "205 WEST STATE ROAD 436 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

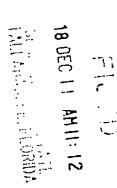
OFFICE SHOW, AS OF THE TENTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "205 WEST STATE

ROAD 436 LLC" WAS FORMED ON THE SIXTEENTH DAY OF NOVEMBER, A.D.

2018.

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





Authentication: 204063000

Date: 12-10-18

7151661 8300 SR# 20188061559