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(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:						
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COVER LETTER

TO:	Registration Section Division of Corporations	į			•	
SUBJE	RCS - Wickham Commo	ns, LLC				
SOBJE		Name of Lim	ited Liability C	Company		
The end Existen	closed "Application by Foreign ice, and check are submitted to	Limited Liability Company register the above reference	v for Authorizated foreign limit	tion to Transact led liability comp	Business in Florida," Certificate of pany to transact business in Florida.	
Please	return all correspondence conce	rning this matter to the foll	owing:			
	Erin Boyer					
		Name	of Person			
	Real Capital Solutio	ns, Inc.				
	Firm/Company					
	371 Centennial Park	way, Suite 200				
	Address					
	Louisville, CO 80027					
	City/State and Zip Code					
	eboyer@realcapitalsolutions.com					
	E-r	nail address: (to be used fo	r future annual	report notification	on)	
For fur	ther information concerning this	s matter, please call:				
	Erin Boyer	а	303 t (533-1636		
	Name of Co		Area Code	Daytime T	elephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		porations ction g Center Circle	
	Enclosed is a check for the fo Please make check payable to		ENT OF STAT	ΓE		
		S130.00 Filing Fee & Certificate of Status	S155.00	Filing Fee & ed Copy	\$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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

(Name of Foreig	n Limited Liability Company, must include "Li	mited Liability Company, ""L.L.C.," or "LLC.")			
(If name unavailable, enter alternate	name adopted for the purpose of transacting business is	in Florida. The alternate name must include "Limited Limbliny Company," "L.L.C." or "LLC."			
Colorado					
2	which foreign limited liability company is organized)	(FEI mamber, if applicable)			
(Juramocion under the 12w of	which fireign imuted liability company is organized)	(FEI mamber, if applicable)			
4					
	(Date first transacted business in Florida, if pric (See sections 605,0904 & 605,0905, F.S. to det	of to registration.) termine penaky liability)			
Real Capital Solutions	s, Inc.	Real Capital Solutions, Inc.			
(Street Address of Principal Office)		6. (Mailing Address)			
371 Centennial Parkw	ay, Suite 200	371 Centennial Parkway, Suite 200			
Louisville, CO 80027		Louisville, CO 80027			
7. Name and street addre	ss of Florida registered agent: (P.O. B	Box NOT acceptable)			
Name:	CT Corporation System				
Office Address:	1200 South Pine Island Road				
	Plantation	33324			
		. Florida			

Registered agent's acceptance:

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 posttion as registered agent.

(Registered agent's signature)

ASSA - Secry

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Marcel Arsenault Manager Name: _____ Manager Address: 371 Centennial Parkway Address: ______ Member **■**Member Suite 200 Authorized Authorized Louisville, CO 80027 Person Person Other ____ Other____ Other____ Other Sharon K. Eshima Manager | Name: _____ Manager Address: 371 Centennial Parkway Member | Address: ______ Member Suite 200 Authorized Authorized Louisville, CO 80027 Person Person Other_ Other____ Other____ Other____ Real Capital Solutions, Inc. ■ Manager Manager Name: _____ Address: ______ Member Member Address: _____ Suite 200 Authorized Authorized Louisville, CO 80027 Person Person Other_ Other_____ Other Other_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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) 10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155. F.S. Signature of an authorized person Sharon K. Eshima, Manager

Typed or printed name of signee

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

RCS - Wickham Commons, LLC

is a

Limited Liability Company

formed or registered on 01/02/2019 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20191003316.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 12/28/2018 that have been posted, and by documents delivered to this office electronically through 01/02/2019 @ 10:13:40 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 01/02/2019 @ 10:13:40 in accordance with applicable law. This certificate is assigned Confirmation Number 11302998



Secretary of State of the State of Colorado

*************End of Certificate***********

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/Certificate/SearchCriteria.do/entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http:// www.sos state.co us/ click "Businesses, trademarks, trade names" and select "Frequently Asked Questions,"