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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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2019 FEB 12 AM 9: 15 SECRETARY OF STATE FALLAHASSEE, FLORIDA

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19 FER 12 MINE 5

JLS 2-13-19 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	120000001	95		
	REFERENCE	:	626673	4804708		
	AUTHORIZATION	:	Lack			
	COST LIMIT	:	\$ 456.90	enan		
						
ORDER DATE :	February 8, 2019					
ORDER TIME :	9:51 AM					
ORDER NO. :	626673-010					
CUSTOMER NO:	4804708					
FOREIGN FILINGS						

NAME: RGM SIF GP, LLC

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

то:		ation Section 1 of Corporation	ıs				
SUBJE		M SIF GP, LLC			<u></u>		_
			Name of	Limited Liability	Company		
			eign Limited Liability Com d to register the above refer				
Please	return all	correspondence o	oncerning this matter to the	following:			
		Patrick D. Cana	van				
		•	N	lame of Person	-		-
		Seward & Kiss	el LLP				
	Firm/Company						
		One Battery Pa	rk Plaza, 24th Floor				
				Address			_
		New York, New	v York 10004				
			City/S	State and Zip Code			_
	1	moses@rgmcap			_		
		<u></u>	E-mail address: (to be use	d for future annual	report not	tification)	-
For fur	ther inforn	nation concerning	g this matter, please call:				
	Patrick	D. Canavan		212 at (574-16)		
		Name o	f Contact Person	Area Code	Day	time Telephone Number	-
	Division Registrat P.O. Box	NG ADDRESS: of Corporations tion Section c 6327 see, FL 32314			Division Registrati Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding coutive Center Circle ice, FL 32301	
Enclose		ck for the follow 00 Filing Fee	ng amount: \$130.00 Filing Fee & Certificate of Status	■ \$155.00 Filin Certified Copy	ng Fee &	□ \$160.00 Filing Fee, C of Status & Certified Co	

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:

DOLLGIE OD 110			
RGM SIF GP, LLC	Limited Linbility Company: must include "Li	mited Liability Company," "L.L.C.," or "L.L.C."	<u> </u>
(rame or rocigi	Elimited Elability Company, mass memore is	initial blanky company, LLLCs, or the	1
(If name unavailable enter alternate r	some adopted for the purpose of transacting business i	in Florida. The alternate name must include "Limited Lia	ability Company," "L.L.C." or "LLC.")
2 Delaware	and adopted for the purpose of the anticage of the anticage of		,,,,,
	high foreign limited liability company is organized)	3. (FEI num	ber, if applicable)
4. Upon Filing	(Date first transacted business in Florida, if pri	as to resistation)	
	(See sections 605.0904 & 605.0905, F.S. to de	termine penalty liability)	
5. 9010 Strada Stell Cou		6. 9010 Strada Stell Court	
(Street Address of Suite 105	Principal Office)	(Mailing Add	だい 皇
			
Naples, FL 34019		Naples, FL 34019	- 2 7 B
			75× - 1
7. Name and street address	ss of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptable)	SE 2
Name:	Corporation Service Company		
ivaine:			1 9:
Office Address:	1201 Hays Street		물러 그
	Tallahassee	, Florida 32301	
	(City)	, Plotida(Zip cod	le)
Registered agent's accep			
		of process for the above stated limited	
		nt as registered agent and agree to act	
	ons of all statutes relative to the pro s of my position as registered agent.	per and complete performance of my	duties, and I am familiar with
and accept the obligation.	Corporation Service Company	Ro	xanne Tumer
	By: Clicket	- lune Asst	Vice President
	(Registered age	ent's signature)	THE THOUSAGE IN
8. The name, title or capa	icity and address of the person(s) who	has/have authority to manage is/are:	
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Managing Member	Robert G. Moses		
	9010 Strada Stell Ct, Ste 1	05	
	Naples, FL 34019		
			
	 .		
(Use attachments if necess	sary)		
9. Attached is a certificate	of existence, no more than 90 days of	ld, duly authenticated by the official ha	ving custody of records in the
jurisdiction under the law	of which it is organized. (If the certifi	icate is in a foreign language, a translat	ion of the certificate under oath
of the translator must be su		5 5 5	
10 775: 4	and the control of the cost of	202 (1) (1) El . 1 C	
10. This document is execu-	the Department of State constitutes	203 (1) (b), Florida Statutes, I am awar third degree felony as provided for in:	e that any false information
submitted in a document to	the Department of State Constitutes a	thind degree felony as provided for in:	1.017.195, 177.
	_ (n)		
	Signa	nure of an authorized person	
	Dahan C.Ma		
	Robert G Moses		
	Турс	ed or printed name of signee	

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "RGM SIF GP, 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 FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RGM SIF GP, LLC" WAS FORMED ON THE EIGHTH DAY OF FEBRUARY, A.D. 2019.

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

Authentication: 202238356

Date: 02-11-19

7274007 8300 SR# 20190895212