## 1119000002388

(Red	questor's Name)	
(Add	iress)	
`	·	
(Add	iress)	
(City	/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
<u> </u>		

Office Use Only



400325771464

SECRETARY OF STATE SECRETARY OF FLORIDA

THAR IZ PM 4: 16

K. SAIY MAR 13 2019 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

3 0 0 0 t D t D	370		T000000000
ACCOUNT	NO.	:	I20000000195

REFERENCE: 681384 7323654

AUTHORIZATION :

ORDER DATE: March 12, 2019

ORDER TIME : 3:07 PM

ORDER NO. : 681384-005

CUSTOMER NO: 7323654

-----

## FOREIGN FILINGS

NAME: RT AUTO, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

YX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

## **COVER LETTER**

· :

TO:	Registration Section Division of Corporations					
SUBJE	RT AUTO, LLC					
5000	Name of Limited Liability Company					
The enc Existence	sed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certific, and check are submitted to register the above referenced foreign limited liability company to transact business in F	ate of lorida.				
Please r	urn all correspondence concerning this matter to the following:					
	Name of Person					
	RT AUTO, LLC					
	Firm/Company					
	499 Park Avenue					
	Address					
	New York, NY 10022					
	City/State and Zip Code					
	entity_management@cantor.com					
	E-mail address: (to be used for future annual report notification)					
For furt	r information concerning this matter, please call:					
	Kenneth Greenvald 212 294-7921					
	Name of Contact Person Area Code Daytime Telephone Number					
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Callahassee, FL 32314  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
	Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE  \$125.00 Filing Fee \$\sum_{\text{S130.00}} \\$130.00 Filing Fee & \$\sum_{\text{S155.00}} \\$155.00 Filing Fee & \$\sum_{\text{S160.00}} \\$160.00 Filing Fee, Cer Of Status & Certified Copy  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:

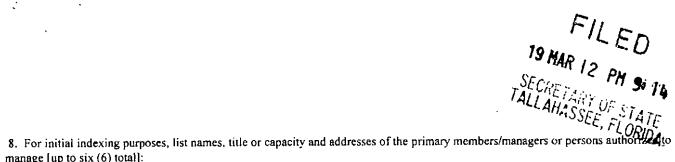
If name unevailable, enter alternate n	ame adopted for the purpose of transacting business in Flori	da, The alt	emate name must inclu	tle "Limited Liability Com	party," "L.L.C," or "LLC,")
Delaware 2	nich foreign lumited liability company is organized)	3.		(FEI number, if appli	oshle)
(Airisdiction under the law of wi	nen toreign ilmited mioniny company is organized)			(i in this local, is upper	
4	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 603.0905, F.S. to determin	gistration	ability)		
499 Park Avenue			499 Park Aver	nue	
Street Address of f	rincipal Office)	b. ,		(Mailing Address)	
New York, NY 10022	1		New York, NY	10022	19 SE SE
					SECINE I
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT a	cceptable)		ARY OF STATE
Name:	Corporation Service Company				A TE ORIDA
Office Address:	1201 Hays Street		_ <del>_</del>		
	Tallahassee		, Florida	32301	
	(City)			(Zip code)	

Having been named as registered agent und 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 agre 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.

Corporation Service Company

By:

Emily Croft
Asst. Vice President



manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
☐Manager	Name: Howard W. Lutnick		Name: Paul Pion
Member	Address: 499 Park Avenue	Member	Address: 499 Park Avenue
Authorized	New York, NY 10022	Authorized	New York, NY 10022
Person	<del></del>	Person	
Other President	Other	■Other	Other
Manager	Name:	☐ Manager	Name:
Member	Address:	☐ Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other
Manager	Name:	Manager	Name:
Member	Address:	Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other
9. Attached is a cert jurisdiction under the of the translator must 10. This document is	is executed in accordance with section 603 0293 ment to the Department of State constitutes with	rida Department of State uly authenticated by the is in a foreign language ((1) (b), Florida Statutes.	Annual Report form.  official having custody of records in the a translation of the certificate under oath



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

DELAWARE, DO HEREBY CERTIFY "RT AUTO, 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 TWELFTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RT AUTO, LLC" WAS FORMED ON THE THIRD DAY OF FEBRUARY, A.D. 2010.

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





Authentication: 202424260

Date: 03-12-19

4784875 8300 SR# 20191916390