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(1	Requestor's Name)	
(,	Address)	
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(1	City/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
· (I	Business Entity Nar	ne)
(8	Document Number)	
entified Copies	Certificates	s of Status
Special Instructions	to Filing Officer:	
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4-10-19

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 720203 4812118

AUTHORIZATION : Spelle Contraction

COST LIMIT : \$\(\bar{1}\)\(\bar{6}\)\(\bar{0}\)

ORDER DATE : April 9, 2019

ORDER TIME : 3:18 PM

ORDER NO. : 720203-005

CUSTOMER NO: 4812118

## FOREIGN FILINGS

NAME: RED CLOVER 1 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**

Registration Section Division of Corporations

TO:

ECT: _	Name (	of Limited Liability	Company
			ation to Transact Business in Florida," Certificate ted liability company to transact business in Flori
e return a	Il correspondence concerning this matter to t	the following:	
	Gina Bunker		
		Name of Person	
	King & Spalding LLP		
		Firm/Company	
	1700 Pennsylvania Avenue NW		
		Address	<del>_</del>
	Washington, D.C. 20006		
	City	/State and Zip Code	
	gbunker@kslaw.com		
	E-mail address: (to be u	sed for future annual	report notification)
rther info	ermation concerning this matter, please call:		
Gina	Bunker	202 at (	626-2621
-	Name of Contact Person	Area Code	Daytime Telephone Number
Divisi Regist P.O. B	ING ADDRESS: on of Corporations ration Section Sox 6327 assee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Please	sed is a check for the following amount: make check payable to: FLORIDA DEPA  25.00 Filing Fee \$130.00 Filing Fee  Certificate of S	e & 🔲 \$155.00	TE Filing Fee & \$160.00 Filing Fee, Certificed 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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ame unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	orida The a	Iternate name must include "Limited Liability Com	pany," "L.L.C," or "LLo	
Delaware		3			
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number, if applicable)			
April 5, 2019					
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration tine penalty	n.) liability)		
41 Purdy Avenue			41 Purdy Avenue		
(Street Address of F	rincipal Office)	6. (Minling Address)			
Unit 278			Unit 278		
Rye, NY 10580			Rye, NY 10580		
Name and street address	s of Florida registered agent: (P.O. Box	c <u>NOT</u> a	acceptable)	2019	
Name:	Corporation Service Company			#FR 9	
	1201 Hays Street			======================================	
Office Address:				-	

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 position as registered agent.

Corporation Service Company
By:

(Registered agent's signature)

Roxanne Turner
Asst. Vice President

itle or Capacity:	<u>Nar</u>	ne and Address:	Title or Capacity:		Name and Address:
Manager	Name: Ebury Stre	et Capital LLC	Manager	Name: Mo	che Investments LLC
Member	Address: 41 Purdy		■ Member	·	l Purdy Avenue
Authorized	Unit 278		Authorized	Unit 278	
Person	Rye, NY 10580		Person	Rye, NY 10580	
Other		Other	Other		Other
]Manager	Name:	· · · · · · · · · · · · · · · · · · ·	☐ Manager	Name:	
Member	Address:		Member	Address: _	
Authorized			Authorized		
Person			Person		
Other		Other	Other		Other
]Manager			Manager	Name:	2010 AFR -9
_Member	Address:	<del></del>	☐ Member	Address:	n
Authorized		<del></del>	Authorized		= :
Person			Person *		<u> </u>
Other		)ther	Other		Other
dexed individuals  Attached is a cert	may be added to the ficate of existence, e law of which it is o	index when filing your lindex when filing your lind	The attachment will be ima Florida Department of State I, duly authenticated by the ate is in a foreign language,	Annual Reposition official having	ort form.
0. This document is about the land the	s executed in accord nent to the Departmo	ance with section 607,02 ent of State constitutes a	03 (1) (b), Florida Statutes. third degree felony as provid	I am aware the dead for in s.8	hat any false information 17.155, F.S.
	<del></del>	Sygnation	re of an authorized person		<del></del>
		77			

e e e



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

DELAWARE, DO HEREBY CERTIFY "RED CLOVER 1 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 THIRD DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RED CLOVER 1 LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JANUARY, A.D. 2019.

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

Authentication: 202574663

Date: 04-03-19

7243479 8300 SR# 20192531703