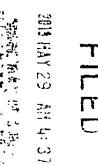
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DATE:

5/28/19

NAME: RICHMAN LUXURY DEVELOPMENT IV, LLC

TYPE OF FILING: APPLICATION

COST: 160.00

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:	egistration Section ivision of Corporations					
SUBJE	Richman Luxury Development IV, LLC					
	Name of Limited Liability Company					
The end Existend	ed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.					
Please r	n all correspondence concerning this matter to the following:					
	Kristi Dickison					
	Name of Person					
Nelson Mullins Broad and Cassel						
	Firm/Company					
	390 N. Orange Avenue, Suite 1400					
Address						
	Orlando, Florida 32801					
	City/State and Zip Code					
	kristi.dickison@nelsonmullins.com					
	E-mail address: (to be used for future annual report notification)					
For furth	information concerning this matter, please call:					
	risti Dickison 407 481-5263					
	Name of Contact Person Area Code Daytime Telephone Number					
	AILING ADDRESS: vision of Corporations gistration Section Division of Corporations Registration Section Clifton Building Hahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
	closed is a check for the following amount: ase make check payable to: FLORIDA DEPARTMENT OF STATE \$125.00 Filing Fee \$\sum_\$\$130.00 Filing Fee & \$\sum_\$\$\$\$ \$155.00 Filing Fee & \$\$160.00 Filing Fee, Certificate Certificate of Status \$\sum_\$\$ 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 STATUTYS, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable enter alternate	same adopted for the purpose of transacting business in Flor		
Delaware	earns another and the hmbose of a sussecond proteiners to Life	ida. The atternate name must include "Limited Liability (Company," "L.E.C," or "LLC."
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. [FEI number, if	applicable)
upon filing			
	(Date first transacted business in Florida, if prior to a (See sections 605 0904 & 605,0905, F.S. to determine	egistration.) to pensity liability)	_
777 W. Putnam Aveni	-	777 W. Putnam Avenue	
(Street Address of	rincipal Office)	6. (Mailing Address)	
Greenwich, CT 06830		Greenwich, CT 06830	五世 2
			13 E
Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	Cogency Global Inc.		
Office Address:	115 NORTH CALHOUN STREET, SU		
	Tallahassee	32301 . Florida	
	(City)	(Zip code)	=

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.

(Registered agent's signature)

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: Richard P. Richman Name: Kristin M. Miller Manager Manager Address: 777 W. Putnam Avenue Member ☐ Member Greenwich, CT 06830 Authorized Greenwich, CT 06830 Authorized Person Person Other_ Other____ Other Other___ Manager Name: ____ Manager Name: _____ Member Address: Member ■Authorized Authorized Person Person Other Other_____ Other_ Other____ Manager Manager Name: Member Address: ☐ Member Address: ■Authorized Authorized 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 605.02037(1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes at 11 ft degree felony as provided for in s.817.155, F.S.

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "RICHMAN LUXURY DEVELOPMENT IV, 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 TWENTY-EIGHTH DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RICHMAN LUXURY DEVELOPMENT IV, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF MAY,

A.D. 2019.

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

Authentication: 202906748

Date: 05-28-19