Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company RIVER CITY PARTNERS LIMITED LIABILITY COMPANY

Certificate of Status	0
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Page Count	04
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902. FLORIDA STATUTEN THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ndiana	hach foreign limited hability company is organized)	3. (PEI muniter, if applical	ble)		
	(Date first transacted business in Florida, if priorities sections 605 0904 & 605 0905, Po. to dete	r to registration)			
7901 4th St N		7901 4th St N			
STE 300	Principal Office)	STE 300			
St. Petersb	urg FL 33702	St. Petersburg FL 33702			
ame and <u>street addre</u>	ss of Florida registered agent: (P.O. B		99 20 20 20 20 20 20 20 20 20 20 20 20 20		
Name: Office Address:	Northwest Registered A	_ -	10 12 12		
Office Address.	St. Petersburg		: 17		

Title or Capacity:	Name and Address:	Title or Capacit	Name and Address:	
☐Manager	Name: Robert Williams	Manager	Name:	
✓Member	Address: 7901 4th St N STE 300	Member	Address:	
□Authorized	St. Petersburg FL 33702	Authorized		
Person		Person		
Other	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		7
Other	Other	Other	.	Other
indexed individuals 9. Attached is a cer- jurisdiction under the of the translator mu 10. This document	is executed in accordance with section 605.0201	orida Department of Sta duly authenticated by the e is in a foreign language S (1) (b), Florida Statute	ite Annual Rep ne official havi ge, a translation es. I am aware t	ort form. ng custody of records in the of the certificate under oath hat any false information
submitted in a docu	ment to the Department of State constitutes a th	ird degree felony as pro	vided for in s 8	17.155, F.S.
	Marian	o; an authorized person		

Typed or printed name of signee

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

RIVER CITY PARTNERS LIMITED LIABILITY COMPANY

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on September 12, 2013, and was in existence or authorized to transact business in the State of Indiana on June 07, 2019.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, June 07, 2019

Corrie Lauren

CONNIE LAWSON SECRETARY OF STATE

2013091300042 / 2019997712

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on July 07, 2019.