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## 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:

L. Hastings RMR LLC						_
(Name of Foreign	Limited Liability Company; must include "Limit	ed Liability	Company," "L.L.C.," or "LLC.")			
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Fl	orida, The alt	ernate name must include "Limited Liability	Company." "L	.L C," or "Li	ĒC.")
New York  2.   (Jurisdiction under the law of which foreign limited liability company is org		3.	(FEI number, ii	(FEI number, if applicable)		
4. Macc	(Date first transacted business in Florida, if prior to (See vections 605 0904 & 605 0905, F.S. to determ	registration.	) ability)	_		
c/o Ronald Rettner 5. (Street Address of F			c/o Ronald Rettner (Mailing Address)			_
30 Church Street, Ste 4	·	_	30 Church Street, Ste 4			_
New Rochelle, NY 108	801		New Rochelle, NY 10801	;-	2019	
7. Name and street address	s of Florida registered agent: (P.O. Bo	x <u>NOT</u> a	cceptable)		JUL 16	,
Name:	c/o Ronald Rettner				PH 4:4	E
Office Address:	6 Fairfield Blvd, Ste 10			-1:	ည်	
	Ponte Verde		32082 , 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: Ronald Rettner Rettner Manager LLC Manager Name: Manager 30 Church Street, Ste 4 30 Church Street, Ste 4 Member Address: ☐ Member Address: New Rochelle, NY 10801 New Rochelle, NY 10801 Authorized Authorized Person Person Other\_\_\_\_ Other\_ Other \_\_\_\_ Other Name: \_\_\_\_\_\_\_ Name: \_\_\_\_\_ Manager Address: ☐ Member Member Address: \_\_\_\_\_ Authorized Authorized Person Person Other Other\_\_\_\_\_ Other\_ Other Name: \_ Manager Name: \_\_\_\_ Manager Manager 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 605,0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. RETTNEN MUMBEAN LIC Ronald Rettner

Typed or printed name of signee

## State of New York Department of State } ss:

I hereby certify, that HASTINGS RMR LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/04/2016, and that the Limited Liability Company is existing so far as shown by the records of the Department.



Witness my hand and the official seal of the Department of State at the City of Albany, this 05th day of June two thousand and nineteen.

Whitney Clark

Deputy Secretary of State

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