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SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 8/12/2019	-	
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ENTITY NAME RAVA F	REALTY, LLC	
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	Plain Copy	<i>y</i> .
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Please call Tina at t	he above number for any issues or concerns. Than	k yoa so much!

COVER LETTER

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For furt	her inforr	nation concerning	g this matter, please call:				
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		Name o	f Contact Person	Area Code	Day	time Telephone Number	_
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Enclose		ck for the follow 00 Filing Fee	ing amount: \$\Bigsire\$ \$\\$130.00\$ Filing Fee & Certificate of Status	S155.00 Filin Certified Copy	ng Fee &	■ \$160.00 Filing Fee, of Status & Certified Co	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE WITH SECTION 605 0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TUMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: RAVA REALTY, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC") (it name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC." it 3. 13-3941312 DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, FS to determine penalty hability) 6. 101 West 55th St., New York, NY 10019 101 West 55th St., New York, NY 10019 (Street Address of Principal Office) (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) National Registered Agents, Inc. Name: 1200 South Pine Island Road Office Address: Plantation ______, Florida 33324 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. Carol Glospie, Asst. Secretary 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Donald Zucker 101 W. 55th St. Managing Member New York, NY 10019 (Use attachments if necessary) 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)

Daniel F. Sullivan, Authorized Person

Typed or printed name of signee

degree felony as provided for in s.817.155, F.S.

10. This document is executed in accordance with section 605,0203 (1) (1) (1) I rida Statutes, I am aware that any false information

submitted in a document to the Department of State constitutes which

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "RAVA REALTY, 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 AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RAVA REALTY, LLC" WAS FORMED ON THE FIRST DAY OF APRIL, A.D. 1997.

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

Authentication: 203393208

Date: 08-12-19

2735606 8300 SR# 20196467616