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(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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B KINSEY



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 28, 2019

JOSEPH ROMANO 242 WEST 36TH STREET, 11TH FLOOR NEW YORK, NY 10018

SUBJECT: JRM CONSTRUCTION MANAGEMENT FLORIDA, LLC

Ref. Number: W19000079569

We have received your document for JRM CONSTRUCTION MANAGEMENT FLORIDA, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 719A00017850

RECEIVED SEP 17 2019

## COVER LETTER

то:		ration Section on of Corporations					
SUBJE	JI CT:	RM Construction Mar	nagement Florida, LLC				
MODOL:	.c.i		Name of	Limited Liability (	Company		
The end Existen	closed "z	Application by Foreig check are submitted to	gn Limited Liability Components of the component	oany for Authoriza enced foreign limi	ntion to Transact Business in Florida," ted liability company to transact busin	Certificate of less in Florida.	
Please	return al	l correspondence con	cerning this matter to the	following:			
		Joseph Romano					
			N	ame of Person			
	JRM Construction Management Florida, LLC						
	Firm/Company						
		242 West 36th Str	reet. 11th Floor				
				Address			
		New York, NY 10	0018				
			City/S	tate and Zip Code			
		cfriedmann@jrmcn	n.com				
			E-mail address: (to be use	d for future annua	report notification)		
For fur	ther info	rmation concerning th	his matter, please call:				
	Collec	en Friedmann		212 at (	545-0500		
		Name of C	Tontact Person	Area Code			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, 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 make check payable 25.00 Filing Fee	following amount: to: FLORIDA DEPART  \$130.00 Filing Fee & Certificate of Sta	£ 🔲 \$155.00	TE  Filing Fee & \$\begin{align*} \begin{align*} \text{S160.00 Filing} \\ \text{ied Copy} & \text{of Status & Cer} \end{align*}		

## 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:

(Name of Foreign I	amited Liability Company; must include "Limite	d Liabilit	у Сотрапу,	I.I.C	., 01 1.20. /			
name unavailable, enter alternate na	me adopted for the purpose of transacting business in Flo	rida The a	lternate name m	ust inclu	de "Limited Liabil	ıty Company." "	l. L C," or "Ll	.C ")
Delaware			84-26173	70				
(Jurisdiction under the law of wh	ich fore:gn limited hability company is organized)	3.		(FE) number, if applicable)				
**************************************	Thus first transacted business in Florida, if prior to	registration	.)					
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	me penalty						
242 West 36th Street, 1		6.			Street, 11th F			_
(Street Address of P	niicipal Office)	0.	(Mailing Address)					
New York, NY 10018		New York, NY 10018						_
	- CDI-sidsignered name: (P.O. Roy	· NOT	accentable	<u>-</u>	-		2	_
Name and street addres	s of Florida registered agent: (P.O. Box	· <u></u>	ucco <sub>f</sub> ,,uo.o,	•			919	
Name:	Business Filings Incorporated					**	2019 SEP 17	
Office Address:	1200 South Pine Island Road					<b>:</b> .	70	
J	Plantation		t)	lorida	33324	<u></u> :	<b>ի</b> ։ 09	
	(City)	<del></del>	, , ,		(Zip rode	<u>}</u>	G	

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.

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:			
Manager	Name: Joseph Romano	Manager	Name: David G. McWilliams  Address: 242 West 36th St. 11th Floor				
Member	Address: 242 West 36th St. 11th Floor	Member					
Authorized	New York, NY 10018	Authorized	New York, NY 10018				
Person		Person					
Other	Other	Other		Other			
Manager	Name:	☐ Manager	Name:	30			
Member	Address:	☐ Member	Address:				
Authorized		Authorized					
Person		Person					
☐Other	Other	Other	<del></del>	_Other			
☐Manager ☐Member	Name:	☐ Manager	Name:	SEP 7			
Authorized		☐ Authorized					
Person		Person		99:			
Other		Other	<del>.</del>	Other			
9. Attached is a cert jurisdiction under th of the translator mu	is executed in accordance with section 605.0 ment to the Department of State constitutes a	Florida Department of State  Id, duly authenticated by the icate is in a foreign language (203 (1) (b), Florida Statutes.	: Annual Rep official havi , a translatio Aam aware	nort form.  Ing custody of records in the n of the certificate under oat that any false information			
	Joseph Romano						

Typed or printed name of signer



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

DELAWARE, DO HEREBY CERTIFY "JRM CONSTRUCTION MANAGEMENT FLORIDA,

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 NINTH DAY OF SEPTEMBER, A.D. 2019.

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



7542644 8300

SR# 20196915421

Authentication: 203552948

Date: 09-09-19