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Registration Section

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BJECT:	Alexander Redma	n Partners, LLC				
		Name of L	imited Liability	Company		
e enclosed istance, en	"Application by Fo d check are submit	City/State and Zip Code cinghamre.com E-mail address: (to be used for future annual report notification) ming this matter, please cail: 212 942-3000 at (
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Richa	ard Cohen			942-3000		
	Name o			Dayting	Telephone Number	
MAII Divisi	ANG ADDRESS: on of Corporations					
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	assee, FL 32314			Clifton Buildi 2661 Executiv Tallahassee, F	ro Contor Circle	
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.09/2, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A POREIGN LIMITED LIABILITY COMPANTIO TRANSACTEUNINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of menanting business in Florita.	This alternate came most include "Limited Linkslity Com	₽₩₹"┸┸Ҁ,"ҩ҄ҴҍҀ҅Ӭ		
aware		3.			
nichtion under the law of	which firely, limited liability company is organised)	3. (Fill scruber, if applicable)			
	(Date first transacted business in Florida, if prior to regis (See sections 605.0904 & 605.0905, F.S. to dehaming pe	ration.) outly inhilly)			
7 Bast Main Street		657 East Main Street			
(Street Address of	Principal Office)	(Mailing Address)			
ount Kisco, NY 10549		Mount Kisco, NY 10549			
ne and street addre	ss of Florida registered agent: (P.O. Box NG	T acceptable)	10 V -7		
Name:	RMC Property Group, Att: Bobby Eggles	ton			
Office Address:	8902 N Daie Mabry Hwy.		\$25 \$25		
	Tampa	33614			
	(City)	(Zip code)			

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 Canacity: Name and Address: Title or Capacity: Name and Address: Richard Cohen Manager Manager Manager Name: 657 East Main Street Member ☐ Member Address: ___ Mount Kisso, NY 10549 __Authorized ☐ Authorized Person Person Other Other__ Other_ Manager Name: _ Manager | Name: ☐Member Address: Member Address: Authorized ☐ Authorized Person Person ☐Other_ Other____ Other Manager Name: Manager Name: Member Member Address: ___ Anthorized Anthorized Person Person 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 falony as provided for in s. 817.155, F.S. Signature of an authorized person Richmark Ventures, LLC by: Richard Cohen, Managing Member

Typed or pricted name of signee



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

DELAWARE, DO HEREBY CERTIFY "ALEXANDER REDMAN PARTNERS, 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 THIRTIETH DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALEXANDER REDMAN PARTNERS, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF OCTOBER, A.D. 2019.

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

Authentication: 203898677

Date: 10-30-19

7677154 8300 SR# 20197813720