(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	TIAW [MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100337115561

11/18/19--01002--008 **160.00

75

NOV 18 2019 M. SOLOMED.,

COVER LETTER

TO:

то:	Registration Section Division of Corporat	ions		
SUBJE	Rohdie Schoolho	use LLC		
C (7 E) (7 E)		Name of Lim	nited Liability Company	
				nct Business in Florida," Certificate of ompany to transact business in Florida.
Please r	eturn all correspondenc	e concerning this matter to the following	lowing:	
	Sam J Saad I	Ш		
	** _	Namo	e of Person	
	Law Office of	of Sam J. Saad III		
		Firm/	Company	
	2670 Airport	Rđ S		
		۸	ddress	
	Naples, FL 3	4112		
		City/State	and Zip Code	
	officemanager ————————————————————————————————————	@saadlegal.com		
e. e.	h	E-mail address: (to be used fo	r future annual report notific	ation)
ror juri		ing this matter, please call:		
	Jason Sizemore	a	239 963-1635 t ()	
	Name	e of Contact Person	Area Code Daytim	e Telephone Number
	MAILING ADDRES Division of Corporation Registration Section P.O. Box 6327 Tallahassee, Fl. 32314	ons	STREET AI Division of C Registration Clifton Build 2661 Execut Tallahassee,	Corporations Section ling ive Center Circle
		r the following amount: rable to: ELORIDA DEPARTMI		16 32301
	\$125.00 Filing Fed	\	S155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, Certificate of Status & Certified Copy

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. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

	ame adopted for the purpose of transacting business in Flor	nda The al	terriate name miss include "Linnied Liability Company," "L,L,C," or "	L.L.C. J		
Delaware 2.		3.	84-3234908 3.			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI number, if applicable)			
	(Dale first transacted business in Florida, if prior to	registration)			
52 Vanderbilt Avenue			52 Vanderbilt Avenue			
(Sucet Address of E	rancipal Office)	6.	(Mailing Address)	_		
Suite 2007			Suite 2007			
New York, NY 10017			New York, NY 10017	_		
. Name and <u>street addres</u> Name:	ss of Florida registered agent: (P.O. Box Sam J. Saad III, PA	NOT a				
Office Address:	2670 Airport Rd S				3 -	
	Naples		34112 , Florida(Zip code)		-	
	gistered agent and to accept service of p	s registe	(Zip code) for the above stated limited liability company at ered agent and agree to act in this capacity. I function from the performance of my duties, and I am fami	rther o	igre	

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Ron Leichtner Name: Alyssa Rohdie ■ Manager Manager Address: ____ 52 Vanderbilt Avenue 52 Vanderbilt Avenue ☐ Member ☐ Member New York, NY 10017 New York, NY 10017 Authorized Authorized Person Person Other Other Other ____ Other_ Name: ____ Name: _____ Manager Manager Member Member Address: Address: Authorized Authorized Person Person Other____ Other Other Other Manager Manager Member | Member Address: 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.

Typed or printed name of signee

Sam J. Saad III

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ROHDIE SCHOOLHOUSE 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 FIFTEENTH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ROHDIE SCHOOLHOUSE LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2019.

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

Authentication: 204011902

Date: 11-15-19

7625969 8300