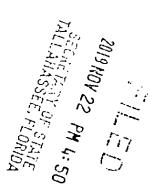
Maga

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 059173 , 7

AUTHORIZATION: Spelle le mal

COST LIMIT : \$ 125.00

ORDER DATE: November 21, 2019

ORDER TIME : 12:55 PM

ORDER NO. : 059173-001

CUSTOMER NO: 7168737

FOREIGN FILINGS

NAME: RREAL ESTATE LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

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:

1. RREAL ESTATE L	.LC Limited Liability Company; must include "Limit	ed Liabilio	y Company," "L.L.C.," or "ELC."	·)		
RR Capital Investment						
(If name unavailable, enter alternate a	name adopted for the purpose of transacting business in Fl	orida. The a	lternate name must include "Limited Li-	ability Company," "	1L.C," c	or "LLC."।
Delaware		3	45-4865469			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	٠٠,	(FEI number, tf applicable)			
4	(Data first begannight beginning filed and eight			TALL	2019 NOV 22	
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	ine penalty	iability)	型品	NOW NOW	~ i ,
428 Childers St 5.		6.	428 Childers St	HASS	22	Γ
(Street Address of	Principal Office)	O.	(Mailing Add	dress)		11
PNB #24646 			PNB #24646	15 02 7 15 02 7	5 th Wd	(_
Pensacola, FL 3253	4		Pensacola, FL 32534	IDA A	<u>6</u>	
7. Name and street address	ss of Florida registered agent: (P.O. Box	C <u>NOT</u> :	acceptable)			
Name:	Corporation Service Company					
Office Address:	1201 Hays Street					
	Tallahassee		32301 Florida			
	(City)		(Zip coc	ie)		

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.

Corporation Service Company

(Revistered agent's signature)

Roxanne Turner Asst. Vice President

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: Name: Robert E Rosenbaum Manager Manager Name: Address: ___ ■ Member ☐ Member Address: PMB #24646 Authorized Authorized Pensacola, FL 32534 Person Person Other Other Other Other____ Manager Manager Member Address: ☐ Member Address: Authorized Authorized Person Person Other____ Other Other Manager Name: Manager Name: 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. Robert E Rosenbaum Signature of an authorized person Robert E Rosenbaum

Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "RREAL ESTATE 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 TWENTY-FIRST DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RREAL ESTATE LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF MARCH, A.D. 2012.

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

22 PM 4:50
NY OF STATE
SSEE, FLORIDA

A CONTRACTOR OF THE PARTY OF TH

Authentication: 204060426

Date: 11-21-19