Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_\_\_

Foreign Limited Liability Company RES ACQUISITION, LLC

Certificate of Status Certified Copy 0 Page Count \$125.00 Estimated Charge

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	•	COVER LETTER	به الله الله الله الله الله الله الله ال			
ΓO:	Registration Section Division of Corporations**.	\$ <sub>1</sub>	<del>.</del>			
SUBJI	RES Acquisition, LLC					
3 () D#J [	33.1. <u></u>	Name of Limited Liability Company	***************************************			
The en Exister	closed "Application by Foreign Limited Lince, and check are submitted to register the	ability Company for Authorization to Transa above referenced foreign limited liability oc	et Business in Florida," Certificate of impany to transact business in Florida.			
Please	return all correspondence concerning this r	matter to the following.				
	Kevin Delaplane					
		Name of Person				
	Union Capital Associates, L.P.					
		Firm/Company				
	483 West Putnam Avenue, 2nd Floor					
	Address					
	Greenwich, CT 06830					
		City/State and Zip Code				
	kevin@unioncapitalcorp.com					
	E-mail addres	s: (to be used for future annual report notific	ation)			
For fu	rther information concerning this matter, p	lease call:				
	Kevin Delaplane	203 580-5740 at ( )	) (.;			
	Name of Contact Perso		e Telephone Number			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section Division of Corporations The Centre of Tallahasse				
	Tallahassee, FL 32314	2415 N. Monroe Street, S Tallahassee, FL 32303	Suite 810			
	Enclosed is a check for the following an Please make check payable to: FLORII S125.00 Filing Fee S130.00 F	DA DEPARTMENT OF STATE	[] \$160.00 Filing Fee, Certificate of Status & Certified Copy			

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDAT

ame unavailable, orger alternate r	name adopted for the purpose of transacting business in F	loride The siles	rnate name must include "Limited Liability C	Company," "L.L.C," or
Delaware			5-1150925	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(FEI number, if ap	pticuble)
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.	olity)	
485 W Putnam Avenue	c	48	85 W Putnam Avenue	
rei Aildress of Frincipel Office)		o. <u> </u>	(Mailing Address)	<del></del>
2nd Floor		2г	nd Floor	
Greenwich, CT 06830		G	reenwich, CT 06830	2377
Name and street addre	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acc	ceptable)	
Name.	Corporation Service Company		<del></del>	} Ģ
Office Address.	1201 Hays Street			رن آن
	Tallahassee		32301 . Florida	

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. Jay F. Landauer	□Manager	Name. Samuel Rossa
⊞Member	Address: 78 Langdon Ave		Address: 175 Clarktown Road
<b>■</b> Authorized	Dobbs Ferry NY 10522	■Authorized	Roan Mountain, TN 37687
Person		Person	
[]Other	□ Other	[]Other	[iOther
□Manager	Kevin Delaplane Name	□Manager	Name.
□Member	Address:		Address:
■ Authorized	Downers Grove, IL 60515	□Authorized	
Person		Person	
□Other	Other	Other	
			• • • • • • • • • • • • • • • • • • • •
□Manager	Name.	□Manager	Name
□Member	Address.	□Member	Address.
□Authorized		\(\sum_\) 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. Non-indexed 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.

KDelgol
Signature of an authorized person.

Kevin Delaplane

# Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RES ACQUISITION, 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-SECOND DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RES ACQUISITION, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF MAY, A.D. 2020.

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



7983255 8300 SR# 20205833972

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203152781

Date: 06-22-20