

M20000007596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

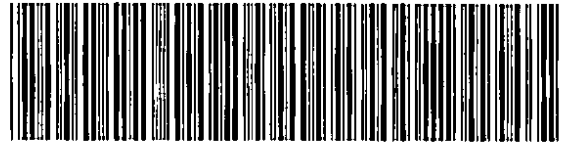
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Wrong  
form  
more to due  
w200000090203

Office Use Only



200349316812

08/03/20--01038--005 \*\*78.75

09/02/20--01003--002 \*\*78.25

2020 AUG 31 PM 2:00  
RECEIVED  
CLERK OF SUPERIOR COURT  
JULIA A. HARRIS

9/2/20  
US



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 17, 2020

THOMAS A. MCKINNEY, ESQ.  
1107 GOFFLE ROAD  
HAWTHORNE, NJ 07506

SUBJECT: RTS55 LLC  
Ref. Number: W20000090203

We have received your document for RTS55 LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN CORP, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

There is a balance due of \$76.25.

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.

Yvette Scott  
Document Specialist II

Letter Number: 520A00015553

RECEIVED  
AUG 31 2020

# Waldman, Renda & McKinney, P.A.

A PROFESSIONAL CORPORATION

ATTORNEYS AT LAW

MAILING ADDRESS:

P. O. BOX 508

HAWTHORNE, NEW JERSEY 07507

(973) 423-4200

FAX: (973) 423-6074

DAVID WALDMAN

MEMBER OF N.J. AND N.Y. BAR

MICHAEL O. RENDA

THOMAS A. MCKINNEY

DELIVERY ADDRESS:

1107 GOFFLE ROAD

HAWTHORNE, NEW JERSEY 07506

TMCKINNEY@WRMLAW.COM

August 26, 2020

Registration Section  
Division of Corporations  
P.O.Box 6327  
Tallahassee, Florida 32314

**RE: RTS55 LLC**

To Whom It May Concern:

Enclosed please find the following:

- 1) Letter from Department of State of August 17, 2020 (Letter Number: 520A00015553)
- 2) Cover letter;
- 3) Application by Foreign Limited Liability Company For Authorization To Transact Business in Florida;
- 4) Certificate of Good Standing from the State of Delaware; and
- 5) Additional check in the sum of \$76.25 for the filing fee and certified copy.

Very truly yours,

**Waldman, Renda & McKinney, P.A.**

By: Thomas A. McKinney  
Thomas A. McKinney

/cp

2020 AUG 31 PM 2:08  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** RTS55 LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Thomas A. McKinney, Esq.

\_\_\_\_\_  
Name of Person

Waldman, Renda & McKinney

\_\_\_\_\_  
Firm/Company

1107 Goffle Road

\_\_\_\_\_  
Address

Hawthorne, New Jersey 07506

\_\_\_\_\_  
City/State and Zip Code

tmckinney@wrmlaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

2020 AUG 31 PM 2:08

For further information concerning this matter, please call:

Thomas A. McKinney, Esq.

973

423-4200 ext 12

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☒ \$155.00 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 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. RTS55 LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. 85-2112927  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 872 NE 35th Street 6. same  
(Street Address of Principal Office) (Mailing Address)

Boca Raton, Fla. 33431

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Timothy B. McKinney, M.D.

Office Address: 872 NE 35th Street

Boca Raton, Florida 33431  
(City) (Zip code)

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.*

Timothy B. McKinney, M.D., P.A.D.

(Registered agent's signature)

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Timothy B. McKinney, MD	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 872 NE 35th Street	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Boca Raton, Fla. 33431	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

2020 AUG 31 PM 2:08

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.

Timothy B. McKinney, MD, PhD  
 \_\_\_\_\_  
 Signature of an authorized person

Timothy B. McKinney, M.D.  
 \_\_\_\_\_  
 Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RTS55 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-FIFTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RTS55 LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF JULY, A.D. 2020.

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

2020 AUG 31 PM 2:00



3292124 8300

SR# 20206927252

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203533659

Date: 08-25-20