## M2100001593

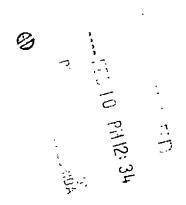
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
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115 N CALHOUN ST., STE. 4 ▼ALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088

Date: February 10, 2021		Account#. 1200000			
Name: KEN H	OWELL	_			
Reference #:	1325793				
Entity Name:		RM ADVISER, LLC			
Articles of Incorp	poration/Author	rization to-Transact Busines	SS 1		
Amendment			,		
Change of Agen	t	ISSUES? CA			
Reinstatement			KEN:		
☐ Conversion			518-213-0738		
☐ Merger					
☐ Dissolution/With	drawal				
☐ Fictitious Name					
Other		· · · · · · · · · · · · · · · · · · ·			
Authorized Amount	t: \$125	5.00			
	<b>412</b> (				
Signature:					

## COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	RM Adviser, LLC
	Name of Limited Liability Company
The enclosed " Existence, and	pplication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of heck are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return ai	correspondence concerning this matter to the following:
	Richard Schloss
	Name of Person
	Karavas Kiely & Schloss LLP
	Firm/Company
	11400 W. Olympic Blvd. Suite 1480
	Address
	Los Angeles, CA 90064
	City/State and Zip Code
	sdellinger@kkslawyers.com
	E-mail address: (to be used for future annual report notification)
For further info	mation concerning this matter, please call:
	Richard Schloss at 310 401-6479
	Name of Contact Person Area Code Daytime Telephone Number
Divisio Regist P.O. B	NG ADDRESS:  In of Corporations Into Section
Please	d is a check for the following amount:  make check payable to: FLORIDA DEPARTMENT OF STATE  15.00 Filing Fee \$\sum_\$\$130.00 Filing Fee & \$\sum_\$\$\$\$\$S155.00 Filing Fee & \$\sum_\$

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

(Name of Family	RM Adv in Limited Liability Company; must include "Li	riser, LLC	VIIII C FOR TICE	·
(Name of Poreig	и сипиес шавину сопрану, инси исиос с	nned Liability Compan	y, 2,0 C., or 0,0 ,	
ne unavailable, enter alternate	name adopted for the purpose of transacting business i	n Florida. The alternate nam	ne must include "Limited Liability	Company," "L.L.C," or "LLC
	Delaware	3.		
Jurisdiction under the law of	which foreign limited liability company is organized)	<u>.                                    </u>	(FEI number, i	(applicable)
	(Date first transacted business in Florida, if pri (See sections 605,0904 & 605,0905, F.S. to de	or to registration.)		<del></del>
(See sections 605,0904 & 603,0905, F.S. to determin			577 Bay Ro	ad #206
(Street Address of Principal Office)		6	(Mailing Address)	
Miami Bea	ach, FL 33139	Mi	ami Beach, l	FL 33139
Name and <u>street addr</u>	ess of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptab	ole)	2021 FEB 1
Name:	COGENCY GLO	BALINC.		10
Office Address:	115 North Calhoun	St. Suite 4		AHII
	Tallahasse	e	Florida 32301	17
signated in this applic comply with the provi	eptance: registered agent and to accept service ration, I hereby accept the appointment sions of all statutes relative to the pro as of my position as registered agent.	nt as registered age per and complete p	ent and agree to act in I	this capacity. I furth

Vikki Saeteurn, Assistant Secretary of COGENCY GLOBAL INC.

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: Ayla Nazli Jilliene Helman \_\_\_ Manager Manager Address: 10585 Santa Monica Blvd. Address: 1577 Bay Road #206 Member Member Los Angeles, CA 90025 Miami Beach, FL 33139 Authorized Authorized Person Person ⊠<sub>Other</sub> CEO & CFO Other Secretary & CCO Other\_\_\_\_ Eric Levy Manager Manager Name: \_ \_\_\_ Name; \_\_\_\_\_ Address: 10585 Santa Monica Blvd. Member Member Address: Los Angeles, CA 90025 Authorized Authorized Person Person VΡ Other\_\_\_\_ **⊠**Other Other\_\_\_\_ Other\_ Name: Name: \_\_\_\_ Manager Manager Member Address: Member Address: \_\_\_\_\_  $\square$ Authorized Authorized Person Person Other\_\_\_\_ \_\_Other\_\_\_ Other Other portant Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonlexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the sdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath he translator must be submitted) This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information nitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of an authorized person Richard Schloss Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "RM ADVISER, 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 NINTH DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RM ADVISER, LLC"

WAS FORMED ON THE EIGHTEENTH DAY OF MARCH, A.D. 2015.

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

Authentication: 202473059

Date: 02-09-21