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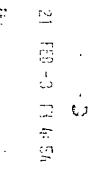
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## $\mathcal{L} = \mathbb{Q}_{\mathbb{Q}}$ COVER LETTER $\mathbb{Q}_{\mathbb{Q}}$

UBJECT:	Robin Hill Associates, LLC					
obane i.	Name of Limited Liability Company					
The enclosed Existence, an	"Application by Foreign Limited Liability of the deck are submitted to register the above r	Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Flori				
lease return	all correspondence concerning this matter to	the following:				
	Theodore R. Walters					
		Name of Person				
	Porter Wright Morris & Arthur LLP					
		Firm/Company				
	9132 Strada Place, Third Floor					
		Address				
	Naples, Florida 34108					
	Ci	ity/State and Zip Code				
	twalters@porterwright.com					
	E-mail address: (to be	used for future annual report notification)				
For further in	formation concerning this matter, please cal	i:				
The	odore R. Walters	239 593-2900 at ( )				
	Name of Contact Person	Area Code Daytime Telephone Number				
Mailing Address: Registration Section		Street Address: Registration Section				
_	ision of Corporations	Division of Corporations				
	D. Box 6327	The Centre of Tallahassee				
Tal	lahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Plea	osed is a check for the following amount: se make check payable to: FLORIDA DEP.  125.00 Filing Fee	& 🗆 \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee, Certificate				

## 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:

name unavanable, emer alternate i	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Liability	y Company," "L.L.C," or "LLC
Connecticut		06-1456427	
(Jurisdiction under the law of which foreign limited liability company is organized		3. (FEI number, if applicable)	
	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determin	egistration.) ⊭ penalty liability)	_
1237 Gordon River Trail  Street Address of Principal Office)		1237 Gordon River Trail	
eet Address of Principal Office)		6. (Mailing Address)	
Naples, Florida 34105		Naples, Florida 34105	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)		NOT acceptable)	
			: 5
Name:	Acme Agent Florida LLC		*
Office Address:	9132 Strada Place, Third Floor	<del></del>	to Ch
	Naples	34105 Florida	
	(City)	. Florida (Zip code)	<del></del>

(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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: \_ Richard Lublin **■** Manager Name: \_\_\_\_\_\_ □Manager 1237 Gordon River Trail □Member □ Member Address: Naples, Florida 34105 ☐ Authorized ☐ Authorized Person Person □Other\_\_\_ \_\_ □Other\_\_\_\_\_\_ Other\_\_\_\_ Other\_\_\_\_ Name: \_\_\_\_\_ □ Manager □ Manager Name: \_ \_ Address: \_\_\_\_ □Member □ Member Address: □ Authorized ☐ Authorized Person Person □Other\_\_\_\_ □Other\_\_\_\_\_ □Other \_ □Other\_\_\_\_ Name: □Manager □Manager Name: □Member Address: \_\_\_\_ \_ ☐Member Address: ☐ Authorized ☐ Authorized Person Person □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 \$.817.155, F.S. Thurdry DR Walters Theodore R. Walters, Esq.

Typed or printed name of signee

### Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof. DO HEREBY CERTIFY, that articles of organization for

### ROBIN HILL ASSOCIATES, LLC

a domestic limited liability company, were filed in this office on May 23, 1996.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such limited liability company is in existence.

Secretary of the State

Date Issued: January 09, 2021

Business ID: 0536831

Cymraga

Certificate Number: 202100940700