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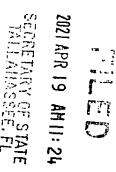
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### COVER LETTER

RB MANAGEMENT LLC  JBJECT:			
Nam	e of Limited Liability Company		
he enclosed "Application by Foreign Limited Liability xistence, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certification referenced foreign limited liability company to transact business in		
lease return all correspondence concerning this matter t	o the following:		
YAAKOV BEYMAN			
	Name of Person		
CORP DEPOT			
	Firm/Company		
1 ILAN CT			
	Address		
LAKEWOOD, NJ 08701			
C	City/State and Zip Code		
service@cdfiling.com			
E-mail address: (to be	e used for future annual report notification)		
For further information concerning this matter, please ca	II:		
Yaakov Beyman	732 743-8111		
Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address: Registration Section	Street Address: Registration Section Division of Corporations		
Division of Corporations P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEI  \$125.00 Filing Fee  \$130.00 Filing Fee  Certificate	e & 🔲 \$155.00 Filing Fee & 🗀 \$160.00 Filing Fee, Certin		

#### 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: RB MANAGEMENT LLC

If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	orida. The alternate na	me must include "Limited	Liability Company," "L.L.C." or "L.L		
NEW JERSEY  (Jurisdiction under the law of which foreign limited liability company is organized)		82-379 3	9561			
4	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration.) ne penalty liability)				
576 CENTRAL AVE #300 5. Street Address of Principal Office)		576 CENTRAL AVE #300 6. (Mailing Address)				
EAST ORANGE, NJ 0	7018	EAST (	DRANGE, NJ 070	18		
	ss of Florida registered agent: (P.O. Box YEHOSHUA ROSENBERG	NOT acceptab	ole)	2021 APR 19		
Name and street address  Name:  Office Address:		NOT acceptab	ole)	APR TO		

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.

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: YEHOSHUA ROSENBERG YISROEL ROSENBERG □Manager ■ Manager Address: \_\_\_\_ = Address: \_ **■**Member ■ Member NORTH MIAMI BEACH, FL 33162 JACKSON, NJ 08547 ☐ Authorized □ Authorized Person Person □Other\_\_\_\_ □Other\_\_\_\_ Other\_\_\_\_ □Other\_\_\_\_\_ Name: \_\_\_\_\_ □Manager Name: \_\_\_\_\_ □Manager Address: []Member Address: \_\_\_\_\_\_ □Member □Authorized □ Authorized Person Person □Other\_\_\_\_\_\_ □ Other\_\_\_\_\_ □Other\_\_\_\_ □Other\_\_\_\_\_ Name: \_\_\_\_\_ □Manager Name: \_\_\_\_\_ □Manager Address: □Member Address: \_\_\_\_\_ □Member ☐ 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. Signature of an authorized person YISROEL ROSENBERG

Typed or printed name of signee

## STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

#### RB MANAGEMENT LLC 0450226246

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on December 25, 2017.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

YISROEL ROSENBERG 576 CENTRAL AVE #303 EAST ORANGE, NJ 07018



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 12th day of April, 2021

Elizabeth Maher Muoio State Treasurer

de so Mun

Certificate Number: 6117834199

Verify this certificate online at

https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp