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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

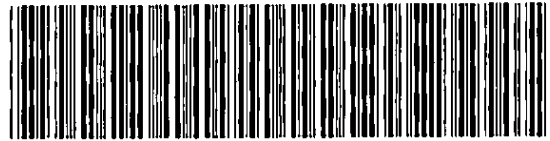
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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WILKINS, J. L.

2021 JUN-4 AM 2:26

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2:28 PM
OFFICE OF STATE
TOLSON, J. E. FL

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OFFICE OF STATE
TOLSON, J. E. FL

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 844423 8288529

AUTHORIZATION :



COST LIMIT : \$ 160.00

ORDER DATE : June 4, 2021

ORDER TIME : 9:14 AM

ORDER NO. : 844423-005

CUSTOMER NO: 8288529

FOREIGN FILINGS

NAME: RSA CONGRESS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

**TO: Registration Section
 Division of Corporations**

SUBJECT: RSA CONGRESS, 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:

Harvey Schneider, Esq.

Name of Person

NP Law

Firm/Company

22935 Clear Echo Dr, #89

Address

Boca Raton, FL 33433

City/State and Zip Code

Jerry@dirdevelopment.com

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

For further information concerning this matter, please call:

Harvey Schneider, Esq.

561 789-0282
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. RSA CONGRESS, 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. ILLINOIS

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 87-0996222

(FEI number, if applicable)

4. Not yet. The LLC is under contract to purchase income producing real property, which hasn't closed.

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

5. 9730 S Western Ave

(Street Address of Principal Office)

Suite 204

Evergreen Park, IL 60805-2880

6. 9730 S Western Ave

(Mailing Address)

Suite 204

Evergreen Park, IL 60805-2880

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

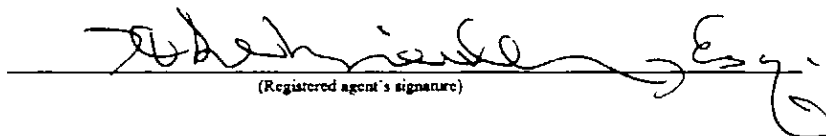
Name: Harvey Schneider, Esq.

Office Address: 22935 Clear Echo Dr., #89

Boca Raton, Florida 33433
(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.


(Registered agent's signature)

FILED
2021 JUN -4 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FL.

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: Anthony Ruh	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 9730 S Western Ave	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Suite 204	<input type="checkbox"/> Authorized	_____
Person	Evergreen Park, IL 60805-2880	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: Harvey Schneider	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 22935 Clear Echo Dr, #89	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Boca Raton, FL 33433	<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 _____

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.



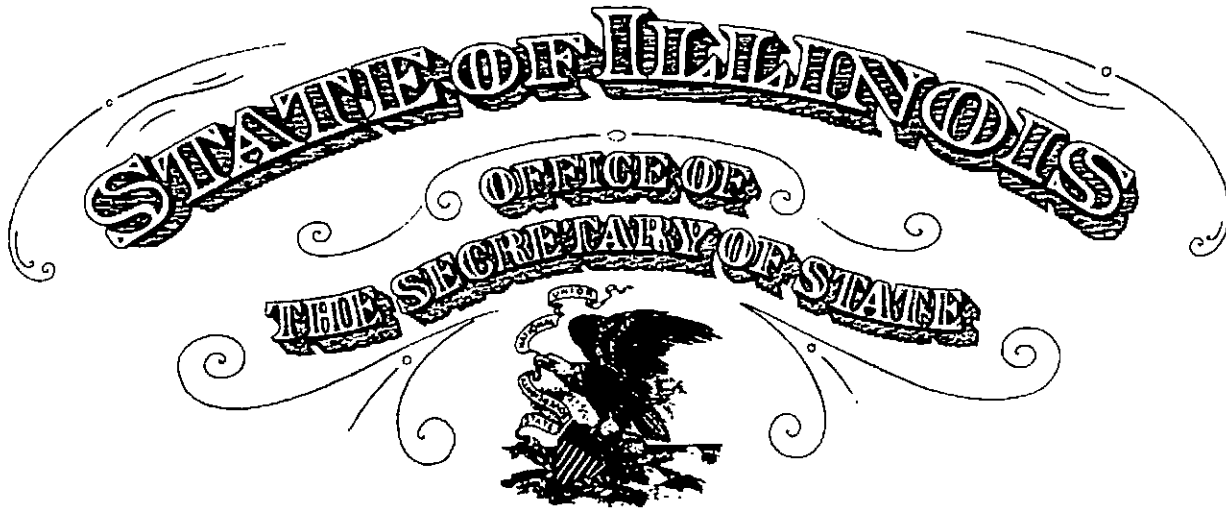
Signature of an authorized person

Harvey Schneider

Typed or printed name of signer

File Number

1043843-8



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

RSA CONGRESS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 02, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 2ND
day of JUNE A.D. 2021 .

Jesse White

SECRETARY OF STATE