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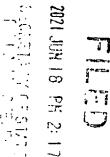
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

RainDance SPE, LLC SUBJECT:			
	me of Limited Liability Company		
The enclosed "Application by Foreign Limited Liability Existence, and check are submitted to register the above	y Company for Authorization to Transact Business in Flori e referenced foreign limited liability company to transact b	da," Certif pusiness in	icate o Florid
Please return all correspondence concerning this matter	r to the following:		
Anthony Pacsano			
	Name of Person		
Paesano Akkashian Apkarian, PC			
	Firm/Company		
7457 Franklin Rd, Ste 200			
	Address		
Bloomfield Hills, MI 48301		20 21 .	
	City/State and Zip Code		7
lgonino@paalawfirm.com	:	<u> </u>	·
E-mail address: (to	be used for future annual report notification)	H.	12 mg
For further information concerning this matter, please of	call:	; ;; ===	ر سرور الميار
Anthony Paesano	248 792-6886 r		
Name of Contact Person	Area Code Daytime Telephone Number	:r	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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 DE \$125.00 Filing Fee \$130.00 Filing F Certificate	EPARTMENT OF STATE Fee & \$\Boxed{\Boxesia}\$ \$160.00 \text{ Filing Fee & }\Boxed{\Boxesia} \$160.00 \text{ Filing F}		

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

IN COMPLIANCE WITH SECTION (05:0002, FLORIDA STATUTE), THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

						_
If name unavariable, enter alternate	name adopted for the purpose of transacting business in Flo	orida. The alternate	name must include "Limited Liab	oility Company," "I	.1. C," or "l	LLC.")
Delaware			559415			
(Jurisdiction under the law of v	hich foreign limited liability company is organized)	3	(FEI number	, if applicable)		•
N/A				- 1	2021 JUH	
·					<u>ب</u>	1
	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determin	egistration.) se penalty liability)			. <u>∓</u>	
600 S Adams Rd			Adams Rd		σ	ë :
treet Address of Principal Office)		o. — ()	failing Address)			٠, ١
Ste 330		Ste 33	0	- 3	5	٠,,
Birmingham, MI 4800	9	Birmi	ngham, MI 48009	i	<u>ar</u>	,
. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT accepta	ible)			
Name:	Registered Agents Inc.					
Office Address:	7901 4th St N Ste 300					
	St. Petersburg		33702 , Florida			
	(City)	<u>-</u>	(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.

Bell (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:
■Manager	Name: Mark DeMaria	□Manager	Name: Anthony Paesano
□Member	Address: 600 S Adams Rd	□Member	Address: 7457 Franklin Rd.
□Authorized	Ste 330	■Authorized	Stc. 200
Person	Birmingham, MI 48009	Person	Bloomfield Hills, MI 48301
□Other	Other	□Other	7921
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	2
Person		Person	
□Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□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. 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

Anthony Paesano

Typed or printed name of signee

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "RAINDANCE SPE, 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 THIRD DAY OF JUNE, A.D. 2021.

2821 JUN 18 PH 2: 18

Jelfrey W. Bullock, Secretary of State

Authentication: 203362359

Date: 06-03-21

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