

M21000007912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

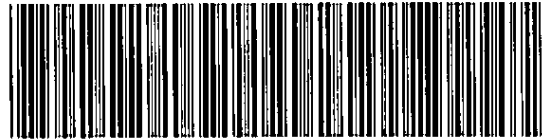
(Business Entity Name)

(Document Number)

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TALLAHASSEE STATE  
TALLAHASSEE, FLORIDA

TL 6/20/21

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RSJ Group, 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:

Dr. Sheryl Rosin

Name of Person

RSJ Group, LLC

Firm/Company

395 Puritan Road

Address

West Palm Beach, FL 33405

City/State and Zip Code

srosin@palmbeachsls.com

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

For further information concerning this matter, please call:

Dr. Sheryl Rosin

561

842-8996

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. RSJ Group, 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. Delaware 3. 86-3668673  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Not yet transacting business in Florida.  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 395 Puritan Road 6. 395 Puritan Road  
(Street Address of Principal Office) (Mailing Address)  
West Palm Beach, FL 33405 West Palm Beach, FL 33405

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

Name: Dr. Sheryl Rosin

Office Address: 395 Puritan Road

West Palm Beach, Florida 33405  
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.

Sheryl Rosin  
(Registered agent's signature)

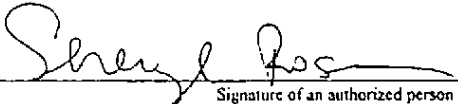
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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: <u>Sheryl Rosin Holdings, LLC</u> | <input type="checkbox"/> Manager           | Name: <u>Tiger Path, LLC</u>           |
| <input checked="" type="checkbox"/> Member  | Address: <u>395 Puritan Road</u>        | <input checked="" type="checkbox"/> Member | Address: <u>250 Royal Palm Way</u>     |
| <input type="checkbox"/> Authorized         | <u>West Palm Beach, FL 33405</u>        | <input type="checkbox"/> Authorized        | <u>Suite 305</u>                       |
| Person                                      | <u></u>                                 | Person                                     | <u>Palm Beach, FL 33480</u>            |
| <input type="checkbox"/> Other <u></u>      | <input type="checkbox"/> Other <u></u>  | <input type="checkbox"/> Other <u></u>     | <input type="checkbox"/> Other <u></u> |
| <input type="checkbox"/> Manager            | Name: <u></u>                           | <input type="checkbox"/> Manager           | Name: <u></u>                          |
| <input type="checkbox"/> Member             | Address: <u></u>                        | <input type="checkbox"/> Member            | Address: <u></u>                       |
| <input type="checkbox"/> Authorized         | <u></u>                                 | <input type="checkbox"/> Authorized        | <u></u>                                |
| Person                                      | <u></u>                                 | Person                                     | <u></u>                                |
| <input type="checkbox"/> Other <u></u>      | <input type="checkbox"/> Other <u></u>  | <input type="checkbox"/> Other <u></u>     | <input type="checkbox"/> Other <u></u> |
| <input type="checkbox"/> Manager            | Name: <u></u>                           | <input type="checkbox"/> Manager           | Name: <u></u>                          |
| <input type="checkbox"/> Member             | Address: <u></u>                        | <input type="checkbox"/> Member            | Address: <u></u>                       |
| <input type="checkbox"/> Authorized         | <u></u>                                 | <input type="checkbox"/> Authorized        | <u></u>                                |
| Person                                      | <u></u>                                 | Person                                     | <u></u>                                |
| <input type="checkbox"/> Other <u></u>      | <input type="checkbox"/> Other <u></u>  | <input type="checkbox"/> Other <u></u>     | <input type="checkbox"/> Other <u></u> |

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

Dr. Sheryl Rosin

Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RSJ GROUP, 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 FOURTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RSJ GROUP, LLC" WAS FORMED ON THE TENTH DAY OF MARCH, A.D. 2021.

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



5446460 8300

SR# 20211581246

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203121026

Date: 05-04-21