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JUN 2 1 2021



June 13, 2021

MARY JOCELYN GUESS 1180 S. BEVERLY DR. SUITE 700 LOS ANGELES, CA 90035

SUBJECT: RJR REALTY, LLC Ref. Number: W21000085975

We have received your document for RJR REALTY, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 021A00013107

Yvette Scott Document Specialist II

www.sunbiz.org

COVER LETTER

RJR Realty, LLC ECT:					
Na	ame of Limited Liability Company				
nclosed "Application by Foreign Limited Liabili					
ence, and check are submitted to register the above	·	npany to transact busine			
e return all correspondence concerning this matte	er to the following:				
Mary Jocelyn Guess					
	Name of Person				
Black Lion Investment Group, Inc.					
	Firm/Company	20			
1190 C D		21 3			
1180 S. Beverly Dr., Suite 700		JUN 2			
	Address	: . 28			
Los Angeles, CA 90035		200 P.			
	0. 10. 17. 0.1	, ~			
	City/State and Zip Code	2:			
mary@blacklionig.com		် 🗒 ဟာ			
E-mail address: (to	be used for future annual report notifical	tion)			
rther information concerning this matter, please	call:				
Mary Jocelyn Guess	818 929-9511				
Name of Contact Person	at () Area Code Daytime	Telephone Number			
Mailing Address:	Street Address:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
P.O. Box 6327	The Centre of Tallahassee				
Tallahassee, FL 32314	2415 N. Monroe Street, Su	ite 810			
	Tallahassee, FL 32303				

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

itaine diavarative, enter affernate har	me adopted for the purpose of transacting business in Flo	orida. The a	alternate name must incli	ude "Limited	Liability Co	прапу," "	L.L.C," or	
California		45-5386568						
(Jurisdiction under the law of which foreign limited liability company is organized)		3(FEI number, if applicable)						
	On Survey David That Survey		 		<u>·.</u>	2(
(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determin			mine penalty liability)					
1180 S. Beverly Dr., Suite 700		6.	(Mailing Address	Dr., Suite	700	===	``d`;	
treet Address of Principal (Mice)	-		(Mailing Address	.)		¹	-12.9	
Los Angeles, CA 90035		Los Angeles, CA 90035		31.35	P	, 1		
		-			:;	$\ddot{\Sigma}$	الريد.	
		-			:	<u>co</u>		
Name and street address Name:	of Florida registered agent: (P.O. Box C T Corporation System	<u>NOT</u> a	cceptable)					
Office Address: _	1200 South Pine Island Road							
	Plantation		Florida _	33324				
		(City)		(Zip code)				

ee and accept the obligations of my position as registered agent.

> Sandra Zwijack - Assistant Secretary (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: ____Robert Rivani Manager □ Manager Name: Address: ___ 1180 S. Beverly Dr., Suite 700 **≣**Member ☐ Member Address: Los Angeles, CA 90035 □ Authorized □ Authorized Person Person □Other___ □Other___ □ Other □Manager Name: ___ ☐ Manager □Member Address: _____ □Member Address: _ □ Authorized Authorized 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. 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 Robert Rivani

Typed or printed name of signee



I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: RJR REALTY. LLC
File Number: 201212310410
Registration Date: 04/23/2012

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Jurisdiction: CALIFORNIA

Status: ACTIVE (GOOD STANDING)

As of May 19, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 20, 2021.

SHIRLEY N. WEBER, Ph.D. Secretary of State

Certificate Verification Number: Z2JG74Z

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.