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Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : SAUL, EWING, ARNSTEIN & LEHR, LLP  
Account Number : I20060000021  
Phone : (561)833-9800  
Fax Number : (561)655-5551

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: stevenfischler@rmwc.com

**Foreign Limited Liability Company  
RMWC PGA WATERWAY PBG LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 03       |
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2021 OCT -6 PM 4:48

TALLAHASSEE, FLORIDA

Electronic Filing Menu

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Help

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDAIN 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. RMWC PGA WATERWAY PBG 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

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

3.

(FEI number, if applicable)

## UPON REGISTRATION

4.

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

750 LEXINGTON AVENUE

5. (Street Address of Principal Office)

750 LEXINGTON AVENUE

6.

(Mailing Address)

SUITE 2302

SUITE 2302

NEW YORK, NEW YORK 10022

NEW YORK, NEW YORK 10022

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

Name: CORPORATION SERVICE COMPANY

Office Address: 1201 HAYS STREET

TALLAHASSEE

(City)

, Florida 32301

(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.*Tyler Ciminello  
(Registered agent's signature)

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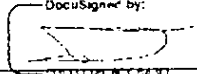
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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: STEVEN FISCHLER          | <input checked="" type="checkbox"/> Manager | Name: NATHANAELE CLEMENSEN     |
| <input type="checkbox"/> Member             | Address: 750 LEXINGTON AVENUE  | <input type="checkbox"/> Member             | Address: 750 LEXINGTON AVENUE  |
| <input type="checkbox"/> Authorized         | SUITE 2302                     | <input type="checkbox"/> Authorized         | SUITE 2302                     |
| Person                                      | NEW YORK, NEW YORK 10022       | Person                                      | NEW YORK, NEW YORK 10022       |
| <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 |
| <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 605.0263 (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.

DocuSigned by:  
  
 Signature of an authorized person

STEVEN FISCHLER

Typed or printed name of signer

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(((H21000374771 3)))

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RMWC PGA WATERWAY PBG 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 FIFTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RMWC PGA WATERWAY PBG LLC" WAS FORMED ON THE SEVENTEENTH DAY OF SEPTEMBER, A.D. 2021.

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

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SR# 20213433518

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

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

Authentication: 204331923

Date: 10-05-21