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Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338

Fax Number : (954)208-0845

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

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Foreign Limited Liability Company RJR Vacaville, LLC

Certificate of Status	0
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Help

From: Kimberly Laughrey

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS

2021-11-12 08:55:49 CST

IN COMPLIANCE WITH SECTION (05,000), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGINTER A FOREKIN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: RJR VACAVILLE, LLC (Name of Foreign Limited Liability Company; must richide "Limited Liability Company," T. L.C.," of "LLC.") elf praint unavailable, enter alternate name adopted for the purpose of transacting natiness in Harida. The alternate name must maliate "Limited Limitaly Company," "L.L.C." or "LLC"") California (FEI number, if applicable) (Jurisdiction under the law of which foreign timed fixbility company is organized) (Date first transacted business in Florida, if prior to legislation).
(See sections 603 0904 A 503 0905, F.S. to determine penalty liability). 1180 South Beverly Drive 1180 South Beverly Drive 6. (Mailing Address) (Street Address of Principal Office) Suite 700 Suite 700 Los Angeles, CA 90035 Los Angeles, CA 90035 7. Name and street address of Florida registered agent: (P.O. Box NO1 acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Registered agent's acceptance: Having been named us 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. C T Corporation System

By: Kaity Toon, Asst. Secretary

From, Kimberly Laughrey

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]:

2021-11-12 08:55:49 CST

Title or Capacity:	Name and Address: Robert Rivani Name:	Title or Capacity: □ Manager □ Member □ Authorized Person □ Other	Name and Address: Joseph Rivani, as Trustee of the Rivani Nume: Family Trust Dated 7-18-03, Member (2.5% Address: Suite 700 Los Angeles, CA 90035
☐ Manager ☐ Member ☐ Authorized ☐ Person ☐ Other	Name:	☐ Manager ☐ Member ☐ Authorized Person ☐ Other	Name: Address: Collier Collier
☐Manager ☐Member . ☐Authorized Person ☐Other	Name:Address:	☐Manager ☐Member ☐Authorized Person ☐Other	Name:

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 \$.817.155, F.S.

····	Signature of an authorized person
Robert Rivani, Manager	
	Type distributed name of signer

12122023573 From: Kimberly Laughrey 2021-11-12 08:55.49 CST To: -18506176383 · -Page: 6 of 6



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

RJR VACAVILLE, LLC **Entity Name:**

File Number: 201429610135 Registration Date: 10/21/2014

DOMESTIC LIMITED LIABILITY COMPANY Entity Type:

Jurisdiction: CALIFORNIA

ACTIVE (GOOD STANDING) Status:

As of November 10, 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 November 11, 2021.

SHIRLEY N. WEBER, Ph.D.

Secretary of State

Certificate Verification Number: ZO8W26R

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