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Division of Corporations

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To: Division of Corporations
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Foreign Limited Liability Company
RLIF Riviera Beach SPE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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TALLAHASSEE, FL

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S. ROBERTS

DEC 13 2021

DocuSign Envelope ID: 67C54AD4-A8CC-42CE-BF96-1EE6B4DC0F04

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. RLIF Riviera Beach SPE, 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," "LLC," or "LLCT"

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)
3. (F.L.I. number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0905, F.S., to determine penalty liability)

5. 201 West Street (Street Address of Principal Office)
Annapolis, MD 21401
6. 201 West Street (Mailing Address)
Annapolis, MD 21401

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324

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TALLAHASSEE, FL

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.

By: Kaity Toon, Asst. Secretary
(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]:

Title or Capacity: Name and Address:

Manager Name: Aaron M. Sacks

Member Address: 201 West Street

Authorized Annapolis, MD 21401

Person _____

Other _____ Other _____

Title or Capacity: Name and Address:

Manager Name: Stephen Panos

Member Address: 201 West Street

Authorized Annapolis, MD 21401

Person _____

Other _____ Other _____

Manager Name: Kenneth Code

Member Address: 201 West Street

Authorized Annapolis, MD 21401

Person _____

Other _____ Other _____

Manager Name: Robert Fordi

Member Address: 201 West Street

Authorized Annapolis, MD 21401

Person _____

Other _____ Other _____

Manager Name: John Cammett

Member Address: 201 West Street

Authorized Annapolis, MD 21401

Person _____

Other _____ Other _____

Manager Name: Duncan Pickett

Member Address: 201 West Street

Authorized Annapolis, MD 21401

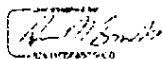
Person _____

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

Aaron M. Sacks, Authorized Person

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RLIF RIVIERA BEACH 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 TENTH DAY OF DECEMBER, A.D. 2021.

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

Handwritten signature of Jeffrey W. Bullock, Secretary of State, written in black ink over a horizontal line.

Jeffrey W. Bullock, Secretary of State

6440161 8300

SR# 20214056579

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204944977

Date: 12-10-21