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8. FRANKLIN MAR 2 5 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 568155 7925786

AUTHORIZATION : Could be

COST LIMIT : \$\sqrt{125}\cdot 00

ORDER DATE: March 23, 2022

ORDER TIME : 2:45 PM

ORDER NO. : 568155-010

CUSTOMER NO: 7925786

FOREIGN FILINGS

NAME: 85 STONE CANTONMENT LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

__ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

COVER LETTER

то:	Registration Section Division of Corporations		
SUBJI	85 Stone Cantonment LLC		
.,,		f Limited Liability Company	
		mpany for Authorization to Transact Business in Florida. erenced foreign limited liability company to transact busing	
Please	return all correspondence concerning this matter to th	ne following:	
	Robert Laney		
		Name of Person	
	Slutzky, Wolfe and Bailey, LLP		
		Firm/Company	
	2255 Cumberland Parkway SE, Buildi	ing 1300	
		Address	2
	Atlanta, GA 30339		2022 HAR 24
	City	State and Zip Code	
	RLL@SWBATL.COM		•
	E-mail address: (to be us	ed for future annual report notification)	PH
For fu	ther information concerning this matter, please call:		5: 07
	Robert Laney	770 438-8000	_
	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 DEPAF \$\Begin{array}{c} \Boxed{S125.00} \text{ Filing Fee} & \Boxed{S130.00} \text{ Filing Fee} & \Central Certificate of S	□ \$155.00 Filing Fee & □ \$160.00 Filing Fee.	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate	name adopted for the purpose of transacting business in F	lorida. The	alternate name must include "Limited Liabi	ity Company,"	"L L.C," or	"LLC ")
Delaware 2.		3.				
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	٥.	(FEI number,	if applicable)		_
l	(Date first transacted business in Florida, if prior to	remstration				
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	nine penalty	liability)			
c/o the RSP Compar 5.		6.	c/o the RSP Companies			
Street Address of Principal Office)		٠.	(Mailing Address)			_
3 Columbus Circle, 1	15th Floor		3 Columbus Circle, 15th Flo	or		
New York, NY 10019	9		New York, NY 10019		2022 ₺	
. Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> a	acceptable)	:	AR 24 PH	
Name:	Corporation Service Company				رب	لمس
Office Address:	1201 Hays Street			t -	07	
	Tallahassee		32301 . Florida			
	(Ciry)		(Zip code)			
designated in this applica to comply with the provisi	otance: gistered agent and to accept service of parties. I hereby accept the appointment a lions of all statutes relative to the propers of my position as registered agent. Corporation Service Company	is registe	red agent and agree to act in .	this capacii	ty. I fur.	ther agre

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:					
■Manager	Manager Name: R. Scott Prosser		Name:				
□Member	Address:	□Member	Address: c/o the RSP Companies				
□ Authorized	3 Columbus Circle, 15th Floor		3 Columbus Circle, 15th Floor				
New York, NY, 10019		□ Authorized Person	New York, NY, 10019				
□Other		Other	Other				
□Manager	Name:	□Manager	Name:				
□Member	Address:	□Member	Address:				
□Authorized		□Authorized					
Person		Person					
Other	Other	□Other	Other				
□Manager _	Name:	□Manager	Name:				
□Member	Address:	□Member	Address: 2				
□Authorized		\Box Authorized	-р ;Т				
Person		Person	ن بن				
Other	Other	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

Robert Laney

Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "85 STONE CANTONMENT 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 TWENTY-FOURTH DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "85 STONE

CANTONMENT LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF MARCH, A.D.

2022.

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

2022 HAR 24 PH 5: 07



Authentication: 202996416

Date: 03-24-22

6693589 8300 SR# 20221139198