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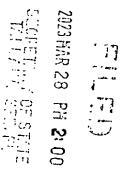
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## **COVER LETTER**

TO:

	sion of Corporations	
BJECT:	Rivers Edge Developers LLC	
	Name	e of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Flor
ase return	all correspondence concerning this matter to	o the following:
	Craig I. Kelley, Esq	
		Name of Person
	Kelley, Fulton, Kaplan & Eller PL	5. ZC
		Firm/Company
	1665 Palm Beach Lakes Blvd., Ste. 100	
		Address Sign To 11
	West Palm Beach, FL 33401	ity/State and Zip Code
	C	ity/State and Zip Code
	craig@kelleylawoffice.com	
	E-mail address: (to be	c used for future annual report notification)
further in	formation concerning this matter, please cal	N:
Crai	g I. Kelley, Esq.	561 491-1200 at ( )
	Name of Contact Person	Area Code Daytime Telephone Number
Reg Div P.O	ling Address: distration Section dision of Corporations dispersion Box 6327 dahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Pleas	osed is a check for the following amount: se make check payable to: FLORIDA DEP 125.00 Filing Fee	e & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate

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

IN 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. Rivers Edge Develope								
(Name of Foreign Rivers Edge Developers	n Limited Liability Company; must include "Limited South LLC	J Ľiābility	Company," "L.L.C.," or "LLC.")					
	name adopted for the purpose of transacting business in Flo	orida. The	alternate name must include "Limited Li	ability Compar		C." or "LLC."		
Illinois	which foreign limited liability company is organized)	3.	07-1926634			<b>.</b> • • • • • • • • • • • • • • • • • • •		
(Jurisdiction under the law of	which foreign limited liability company is organized		(FEI numb	(FEI number, if applicable)				
1	(Date first transacted business in Florida if prior to a	-uisteilion			2023			
	(Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determine	ne penalty i	hability)		=	. 1		
2001 Broadway, 6th F		6	2001 Broadway, 6th Floor	72.5	R 28			
,			(Mailing Address)	O	70	7 1		
Riviera Beach, FL 33404		]	Riviera Beach, FL 33404	: 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1	PH 2	المتاد		
		_		- AE	00			
. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT ac	cceptable)	•	•			
	Craig I. Kelley, Esq.							
Name:								
Name: Office Address:	1665 Palm Beach Lakes Blvd., Ste. 1000	0						
		0	 33401 , Florida					

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.

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:
■Manager	Name: William M. Kruer	■Manager	Name: Charles Wu
■Member	Address: 2001 Broadway, Ste. 600	■Member	Address: 2001 Broadway, Ste. 600
□Authorized	Riviera Beach, FL 33404	□Authorized	Riviera Beach, FL 33404
Person		Person	
□Other	Other	□Other	□Other
□Manager	Name: Melissa Melillo	□Manager	Name: 28
□Member	Address: 2001 Broadway, Ste. 600	□Member	Address: 20 27
■Authorized	Riviera Beach, FL 33404	□Authorized	H 2:0
Person		Person	
□Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	□Other	Other	Other

<u>Important Notice</u>: 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

Typed or printed game of signer



## To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

RIVERS EDGE DEVELOPERS LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 28, 2005, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 24TH day of MARCH A.D. 2023.

Authentication #: 2308300822 verifiable until 03/24/2024

Authenticate at: https://www.ilsos.gov

Alexi Sianovi