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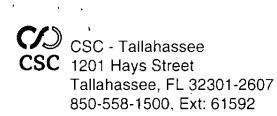
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To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 05/02/23 Order #: 1209651-1

Re: Resident District LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

12000000195

AUTH

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section

Nan	ne of Limited Liability Company		
	Company for Authorization to Transact Business in Florida," Certification referenced foreign limited liability company to transact business in		
turn all correspondence concerning this matter	to the following:		
Meghan Davis			
*** *********	Name of Person		
Perkins Coie LLP			
	Firm/Company		
41 Madison Avenue, Suite 3310			
·	Address		
New York, NY 10010			
	City/State and Zip Code		
max@residentmember.com			
E-mail address: (to b	e used for future annual report notification)		
er information concerning this matter, please ca	dl:		
Meghan Davis	332 238.2823		
Name of Contact Person	at () Area Code Daytime Telephone Number		
Mailing Address: Registration Section	Street Address: Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		
	Tallahassee, FL 32303		
Enclosed is a check for the following amount:			

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. Resident District LLC								
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability Comp	any," "L.L.C.," or "LLC.")					
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in F	lorida. The alternate	name must include "Limited E	Liability Company," "I	L I. C," or "LI.C,")			
Delaware 2.		3.						
(Jurisdiction under the law of which foreign limited liability company is organized)		J	(FEI number, if applicable)					
4.	(Date first transacted business in Florida, if pnor to (See sections 605 0904 & 605 0905, F.S. to determ	registration) tine penalty liability			<i>:</i>			
382 NE 191st Street, # 52740			NE 191st Street, #5	2740 I S))			
5. (Street Address of Principal Office)			Mailing Address)		HAY TO			
Miami, FL 33179-3899		Mian	ni, FL 33179-3899		7 7 7 7			
	· <u></u>			•	>			
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					·			
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT accept	able)	1	· ; &			
Name:	Corporation Service Company							
	1201 Hays Street	· · · · · · · · · · · · · · · · · · ·	_					
Office Address:	——————————————————————————————————————		_					
	Tallahassee		32301 , Florida					
	(City)		(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.

By: Clixus Weilard-Srenson, Aup
(Registered agent's signature) Corporation Service Company

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: Maxim Razmakhin Name: ■ Manager □ Manager Name: 382 NE 191st Street, #52740 Address: _____ **■**Member □Member Miami, FL 33179-3899 □Authorized □ Authorized Person Person □Other____ Other □Other____ □Other____ Name: □Manager □Manager □Member Address: _________ Address: □Member □ Authorized ☐ Authorized Person Person □Other □Other_____ □Other ___ __ □Other ___ ___ Name: _____ □ Manager Name: □ Member Address: □Member Address: ______ □ Authorized □ Authorized Person Person □Other_____ □Other □Other____ □Other 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 s.817,155, F.S. DocuSigned by: Maxim Razmaklin

Signature of an authorized person

Typed or printed name of signee

5804595D0F624EC.

Maxim Razmakhin

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "RESIDENT DISTRICT 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 SECOND DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RESIDENT DISTRICT LLC" WAS FORMED ON THE TWENTIETH DAY OF APRIL, A.D. 2023.

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



Authentication: 203257428

Date: 05-02-23

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