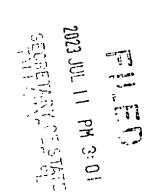
# M23000008943

	(Requestor's Name)
	(Address)
	(, todi 033)
	(Address)
	(City/State/Zip/Phone #)
	(City/State/Zip/Priorie #)
	D MAIT D MAII
PICK-UP	WAIT MAIL
	(D. Janes Falls No. 1)
	(Business Entity Name)
	(Document Number)
	,
Certified Copies	Certificates of Status
	1
Special Instructions to	Filing Officer:
[	

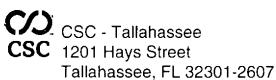




700411829687







850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations

From: Eyliena Baker

Ext: 61594 Date: 07/11/23

Order #: 1232349-1 Re: Rrbb Advisors, 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: \$155.00 - FL State Account Number:

12000000195

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing Issue Certified Copy

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

Registration Section Division of Corporations

TO:

	Name of Limited Liability Company
	ability Company for Authorization to Transact Business in Florida," C above referenced foreign limited liability company to transact busines
eturn all correspondence concerning this n	natter to the following:
Susan Swierkos	
	Name of Person
Armstrong Teasdale LLP	
	Firm/Company
7700 Forsyth Blvd., Suite 1800	
	Address
St. Louis, Missouri 63105	
· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code
sswierkos@atllp.com	
E-mail address	: (to be used for future annual report notification)
ner information concerning this matter, ple	ease call:
Susan Swierkos	314 621-5070, ext. 7009 at ( )
Name of Contact Person	
Mailing Address:	Street Address:
Registration Section	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 amo	
Please make check payable to: FLORID	
☐ \$125.00 Filing Fee ☐ \$130.00 Fil	ing Fee & 🔳 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Co

### 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:

	name adopted for the purpose of transacting business in Flo	orida. The alterna	te name must include "Limited Liabi	hty Company," "L	.L.C," or	"LLC.")
Delaware		_	1982484			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(Ff: number,	if applicable)		-
	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determin	egistration.) ne penalty liabilit	y)	<u> </u>		
123 E. 70th Street		123	E. 70th Street			
treet Address of Principal Office)		6	(Mailing Address)			_
•			•			
New York, NY 10021		New	York, NY 10021			
						_
				(i)	22	
			<del></del>	50	=======================================	_
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT accen	table)	- 20 - m		i j
<u> </u>	<u> </u>	<u> </u>		- p.	_	Trans.
	Companying Saming Communication			- 5 <u>-</u>		37
Name:	Corporation Service Company		_	,	7	172.000
	1201 11			-175-1	ယ္	**************************************
Office Address:	1201 Hays Street			r-di	0	
	Tallahassee		32301 , Florida			
	(City)		(Zip code)			
	1CRY)		•			
egistered agent's accep	,					

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: Linfu (Frank) Zhang	□Manager	Name: Crete PA HoldCo, LLC
□Member	Address: 123 E. 70th Street	■Member	Address: 123 E. 70th Street
□Authorized	New York, NY 10021	□Authorized	New York, NY 10021
Person		Person	
Other	Other	□Other	Other
∃Manager	Name:	□Manager	Name:
⊒Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person	<del></del>	Person	
Other	Other	□Other	Other
]Manager	Name:	□Manager	Name:
Member	Address:	□Member	Address:
Authorized		□Authorized	
Person		Person	
Other	Other	□Other	□Other

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.

Typed or printed name of signee

Linfu (Frank) Zhang

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "RRBB ADVISORS, 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 SEVENTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RRBB ADVISORS,

LLC" WAS FORMED ON THE SIXTEENTH DAY OF JUNE, A.D. 2023.

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

Authentication: 203704451

Date: 07-07-23