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DATE: 08/25/2023

NAME: RB APOLLO BEACH LLC

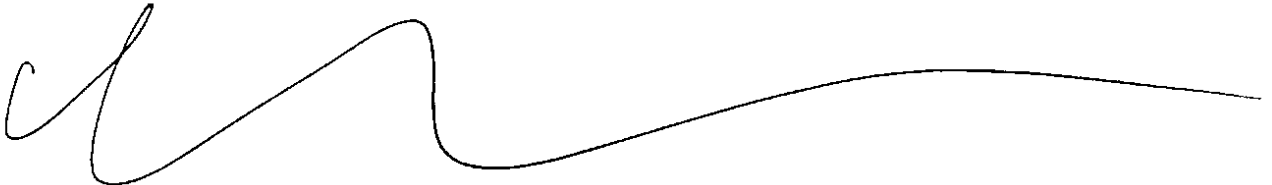
TYPE OF FILING: APPLICATION

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RBS Apollo Beach, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Arthur Long

Name of Person

RBS GP, LLC

Firm/Company

704 Forest Heights Rd

Address

Knoxville/TN/37919

City/State and Zip Code

arthur.long@CMLpropertygroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arthur Long

Name of Contact Person

865
at ()

Area Code

803-8107

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 DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**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. RBS Apollo Beach, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If none available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Delaware

3. 93-1532565

(Jurisdiction under the law of which foreign limited liability company is organized)

(FEI number, if applicable)

4. June 23, 2023

(Date first transacted business in Florida, if prior to registration.
(See sections 605.0904 & 605.0902, F.S. to determine penalty liability.)

5. 704 Forest Heights Rd

6. 704 Forest Heights Rd

(Street Address of Principal Office)

(Mailing Address)

Knoxville, TN 37919

Knoxville, TN 37919

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

Name:

Mark Weinberg Esq.

Office Address:

Taylor English Dama 2 S. Biscayne Blvd Suite 2050

Miami

Florida

33131

(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.

(Registered agent's signature)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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: Arthur Long
☐ Member Address: 704 Forest Heights Rd
☐ Authorized Knoxville, TN 37919
Person
☐ Other ☐ Other

☒ Manager Name: Michael Haas
☐ Member Address: 704 Forest Heights Rd
☐ Authorized Knoxville, TN 37919
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☒ Manager Name: Brian Fulton
☐ Member Address: 704 Forest Heights Rd
☐ Authorized Knoxville TN 37919
Person
☐ Other ☐ Other

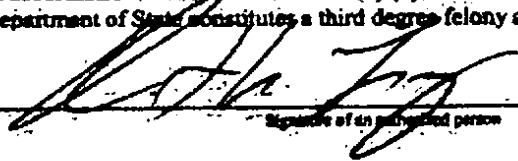
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
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
Arthur Long

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 "RBS APOLLO BEACH 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-THIRD DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RBS APOLLO BEACH LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF MAY, A.D. 2023.

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


Jeffrey W. Bullock, Secretary of State

7480561 8300

SR# 20233319881

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

Authentication: 204021927

Date: 08-23-23