M24000/1903

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(1.0		
(Cit	ty/State/Zip/Phone #)	
	_	_
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(50)	isiness Littly Hame;	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
		
Special Instructions to	Filing Officer:	
<u> </u>		





700434827217

08/29/24--01007--013 ++125.00



Y LTX TUX
SEP - 5 2024



COVER LETTER

TO:

Registration Section Division of Corporations

Na	me of Limited Liability Company
The enclosed "Application by Foreign Limited Liabilit Existence, and check are submitted to register the above	y Company for Authorization to Transact Business in Florida," Certificate of re-referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter	r to the following:
Justin G. Prociv	
	Name of Person
Lapin & Leichtling, LLP	
	Firm/Company
255 Alhambra Circle Suite 600	
· · · · · · · · · · · · · · · · · · ·	Address
Coral Gables, FL 33134	
	City/State and Zip Code
jprociv@ll-lawfirm.com	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter, please of	call:
Justin G Prociv	at (305) 569-4113
Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
, and the second second	Tallahassee, FL 32303
Enclosed is a check for the following amount:	
Please make check payable to: FLORIDA DF ■ \$125.00 Filing Fee □ \$130.00 Filing F	
Certificate	<u>-</u>

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 unavailable, enter alternate	name adopted for the purpose of transacting business is	n Florida. The alternate name must include "Limited Liabili	ity Company," "L.1.,C," or "L	
Delaware (Jurisdiction under the law of which foreign limited hability company is organize		3. (FEI number, if applicable)		
August 12, 2024				
	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605 0905; F.S. to dete	: to registration.) rrmine penalty liability)		
360 OCEAN DR #901	S	6. 360 OCEAN DR #9018 (Marling Address)		
eet Address of Principal Office)		(Mailing Address)		
KEY BISCAYNE, FL	33149	KEY BISCAYNE, FL 33149		
Name:	Tustin G. Procination & Leichtling, LLP 255 Alhambra Circle Suite 600	J 	EILED 2024 AUG 29 FII 1: 0	
Office Address:			7	
Office Address:	Coral Gables	, Florida 33134	7	

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: Name: Mateus Miranda Name: _____ □Manager □Manager Address: 360 OCEAN DR #901S Address: _____ □Member □ Member KEY BISCAYNE, FL 33149 ☐ Authorized Authorized Person Person □Other____ □Other □Other____ Other □Manager □Manager Name: ☐ Member Address: □Member Address: ☐ Authorized □ Authorized Person Person □Other_____ Other____ □ Other_____ Other____ Name: ______ Name: □Manager □Manager Address: ______ ☐ Member □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 thir degree felony as provided for in s.817.155, F.S. Signature of an authorized person

Typed or printed name of signee

Justin G. Prociv



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

DELAWARE, DO HEREBY CERTIFY THAT "RGG REALTY INVESTMENT LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR

REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY

AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE ELEVENTH DAY OF SEPTEMBER,
A.D. 2019, AT 9:09 O'CLOCK A.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE TWENTY-SECOND DAY OF JUNE, A.D. 2022, AT 11:06 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID LIMITED LIABILITY COMPANY, "RGG REALTY INVESTMENT

LLC".

Authentication: 203584367

Date: 05-29-24