

M24000015697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

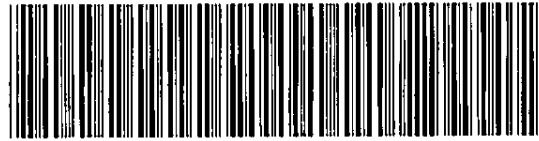
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 DEC 16 PM 3:50

DEC 16 2024

K. Brumbley

FILE 1ST

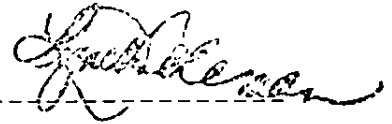
CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 836465 7639187

AUTHORIZATION :

COST LIMIT : \$ 130.00



ORDER DATE : December 12, 2024

ORDER TIME : 10:34 AM

ORDER NO. : 836465-005

CUSTOMER NO: 7639187

FOREIGN FILINGS

NAME: RRPVII BBI BISCAYNE GP LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RRPVII BBI Biscayne GP 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:

Karen D. Geller

Name of Person

RRPVII BBI Biscayne GP LLC

Firm/Company

4801 PGA Boulevard

Address

Palm Beach Gardens, FL 33418

City/State and Zip Code

kgeller@ramrealestate.com

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

For further information concerning this matter, please call:

Karen D. Geller

561

282 4606

at (_____) _____

Name of Contact Person

Area Code

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. RRPVII BBI Biscayne GP LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

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

3. _____
(FBI number, if applicable)

4. December 1, 2024
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4801 PGA Boulevard
(Street Address of Principal Office)

6. 4801 PGA Boulevard
(Mailing Address)

Palm Beach Gardens, FL 33418

Palm Beach Gardens, FL 33418

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

Name: Ram Realty Advisors LLC

Office Address: 4801 PGA Boulevard

Palm Beach Gardens, Florida 33418
(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.

Ram Realty Advisors LLC

By:

Karen D. Heller
(Registered agent's signature)

APPROVED
AND
FILED
2024 DEC 16 PM 3:50

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: Ram Realty Associates VII LLC

☐ Member Address: 4801 PGA Boulevard

☐ Authorized Palm Beach Gardens, FL 33418

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Karen D. Geller

☐ Member Address: 4801 PGA Boulevard

☐ Authorized Palm Beach Gardens, FL 33418

Person _____

☒ Other Vice President ☐ Other _____

☐ Manager Name: Brianna L. Ellis

☐ Member Address: 4801 PGA Boulevard

☐ Authorized Palm Beach Gardens, FL 33418

Person _____

☒ Other Vice President ☐ Other _____

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

☐ Manager Name: Jennifer S. Stull

☐ Member Address: 4801 PGA Boulevard

☐ Authorized Palm Beach Gardens, FL 33418

Person _____

☒ Other Vice President ☐ Other _____

☒ Manager Name: James W. Stine

☐ Member Address: 4801 PGA Boulevard

☐ Authorized Palm Beach Gardens, FL 33418

Person _____

☒ Other Vice President ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

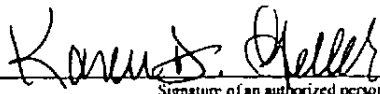
Person _____

☐ 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

Karen D. Geller, Vice President

Typed or printed name of signee

CSC 836465

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RRPVII BBI BISCAYNE GP 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 THIRTEENTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RRPVII BBI BISCAYNE GP LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF DECEMBER, A.D. 2022.

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



7209924 8300

SR# 20244490767

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 205130103

Date: 12-13-24