From: Kaity Toon

Division of Corporations

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To:

1/15/25, 8:51 AN

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

ct-statecommunications@wolterskluwer.com Email Address:



Foreign Limited Liability Company RLIF 2024 1031-1, LLC

Certificate of Status	0
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K. SALY

JAN 15 2025

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Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION (USUNUS, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. KLIF 2024 1301-1, EL (Name of Foreign	Limited Liability Company; must include "Limited	J Liability Company," "L.L.C.," or "LLC.	")		
(If name oravailable, enter alternate r	name adopted for the purpose of transacting business in Fl	orida. The alternate name must include "Limitei	d Liability Company," "L.t. C," or "Ll.C.")		
Delaware					
2. (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(FEI number, if applicable)		
4.					
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration.) ne penalty Hability)			
201 West Street 5.		201 West Street			
(Street Address of Principal Office)		6. (Mailing Address)			
Annapolis, MD 21401		Annapolis, MD 21401			
			282		
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	2025 JAN 15 P		
Name:	C T Corporation System		PM 5: 27 Shiff Lown		
Office Address:	1200 South Pine Island Road		: 27 Kan		
	Plantation	33324 Florida			
	(Cay)	(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: Repleat White signature)

Stephen Rullis, Vice President

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: Name: Anron M. Sacks Name: 201 West Street Address: Annapolis, MD 21401	Title or Capacity: Manager Member Authorized	Name and Address: Name: Martin B. Karol Address: 201 West Street Annapolis, MD 21401
Person ☐Other	□ Other	Person □Other	□Other
☐ Manager ☐ Member ☐ Authorized Person ☐ Other	Name:	☐ Manager ☐ Member ☐ Authorized Person ☐ Other	Address:
☐Manager ☐Member ☐Authorized Person ☐Other	Name:	☐Manager ☐Member ☐Authorized Person ☐Other	Name:

<u>Important Notice:</u> 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.

	12 Monto			
Aaron M. Sacks	Signature of an authorized person			
Lyped or printed name of signee				



Page 1

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

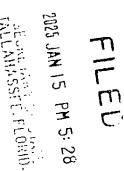
DELAWARE, DO HEREBY CERTIFY "RLIF 2024 1031-1, LLC" IS DULY FORMED

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 JANUARY, A.D. 2025.

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



Authentication: 202681412

Date: 01-13-25

10047082 8300 SR# 20250112680