## M18000005053

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
. (Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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> SECRETARY OF STATE ALLAHASSEE, FLORID:

RIGUEROA MAY 25 2018



May 14, 2018

JEFFREY POWELL 10296 CO RD 95 ELBERTA, AL 36530

SUBJECT: 1075 RP VENTURES, LLC

Ref. Number: W18000041344

We have received your document for 1075 RP VENTURES, LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$55.00.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 318A00009095

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

www.sunbiz.org

## **COVER LETTER**

Dear Sir or Madam The enclosed "App "Certificate of Exis above referenced for	ication by Foreign Corpora tence," or "Certificate of Go reign corporation to transac respondence concerning thi	tion tood S	iness in Florida.	fix  ansact Business in Florida,"  e submitted to register the
The enclosed "App "Certificate of Exis above referenced fo Please return all cor Jeffrey Powell	ication by Foreign Corpora tence," or "Certificate of Go reign corporation to transac respondence concerning thi	tion tood S	for Authorization to Tr standing" and check are iness in Florida.	
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above referenced for Please return all cor Jeffrey Powell	reign corporation to transac	t bus	iness in Florida.	ansact Business in Florida," e submitted to register the
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1075 RP Ventures, LI	N:	ame o	of Person	
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10296 Co. Rd. 95	1 11	ur Co	mparry	
		Δ dd	iress	
Elberta, AL 36530		Auu	u c 2 2	
	City/S	State	and Zip code	
powell@firstbaldwinii	isurance.com	otate.	and Zip code.	
	E-mail address: (to be	used	for future annual repo	
or further information	n concerning this matter, pl			it notincation)
	n concerning this matter, pl	ease	call:	- · · · · · · · · · · · · · · · · · · ·
effrey Powell	251		943-6685	· • •
Name of Pers	on Area	Cod	e Doubles T. I	<del></del>
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STDEET/CO	I The second sec			
Registration Se	URIER ADDRESS:		MAILING A	ADDRESS:
Division of Co	rporations	Registration Section		
Clifton Buildin	e		Division of C	Corporations
2661 Executive	Center Circle	P.O. Box 6327		
Tallahassee, FI	. 32301		Tallahassce, ]	FL 32314
closed is a check for	the following amount:		·	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	a	\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status &

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

IN COMPILANCE 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.

Management aborner	name adopted for the purpose of transacting business	m Florada The alterna	te name must include "Limited t	ability Company," "L. L. C," or "LLC")
* laba	mix surprise to the past of amounting on the		82-3460709	· · · · · · · · · · · · · · · · · · ·
2. Alabama  (Jurisdiction under the law of w	hich foreign limited liability company is organized)	_ 3		umber, if applicable)
4	(Date first transacted business in Florida, if p (See sections 605 0904 & 605,0905, F.S. to o	rior to registration ) determine penalty liabs	luy)	
5. 10296 Co. Rd. 9	5, Elberta, AL 36530 Procepsi Office)	6. <u>21</u>	3535 South Quarry (Mailing A	ddress)
		_		
7. Name and street addre	ss of Florida registered agent: (P.O.	Box NOT acc	eptable)	E PR
Name:	C T Corporation System		_ <del>_</del>	9至 長
Office Address:	1200 South Pine Island	Road	_	32 RHU <sub>F</sub>
	Plantation		Florida3332	24
Registered agent's accep	(City)		(Zip c	code)
and accept the obligation	is of my position as registered agen	L.		y duties, and I am familiar with
8. The name, title or cap	acity and address of the person(s) w	L. Nichol Mc gent's signalure) ho has/have auti	Croy, Assistant Se	ecretary
8. The name, title or cap <u>Title or Capacity:</u>	s of my position as registered agen.  Nichol McLioy (Registered)	L. Nichol Mc gent's signalure) ho has/have auti	Croy, Assistant Se	ecretary
8. The name, title or cap	acity and address of the person(s) w	Nichol Mo pent's signature) ho has/have auti Title	Croy, Assistant Se	ecretary
8. The name, title or cap <u>Title or Capacity:</u>	acity and address of the person(s) w  Name and Address:  Jeffrey Powell 28535 South Quarry	Nichol Mo pent's signature)  ho has/have auti  Title	Croy, Assistant Se	ecretary
8. The name, title or cap <u>Title or Capacity:</u>	acity and address of the person(s) w  Name and Address:  Jeffrey Powell 28535 South Quarry	Nichol Mo pent's signature)  ho has/have auti  Title	Croy, Assistant Se	ecretary
8. The name, title or cap <u>Title or Capacity:</u>	acity and address of the person(s) w  Name and Address:  Jeffrey Powell 28535 South Quarry Elberta, AL 36530	Nichol Mo pent's signature)  ho has/have auti  Title	Croy, Assistant Se	ecretary
8. The name, title or cap  Title or Capacity:  President  (Use attachments if neces  9. Attached is a certificate	acity and address of the person(s) we Name and Address:  Jeffrey Powell 28535 South Quarry Elberta, AL 36530  ssary)  c of existence, no more than 90 days of which it is organized. (If the cert	Nichol Mc pent's signature)  ho has/have auti  Title  y Lane  old, duly auther	Croy, Assistant Senority to manage is/are or Capacity:	Name and Address:  Name and Address:
8. The name, title or cap  Title or Capacity:  President  (Use attachments if neces  9. Attached is a certificate jurisdiction under the law of the translator must be s  10. This document is executed.	acity and address of the person(s) we Name and Address:  Jeffrey Powell 28535 South Quarry Elberta, AL 36530  ssary)  c of existence, no more than 90 days of which it is organized. (If the cert	Nichol Mc pent's signature)  ho has/have auti Title  y Lane  old, duly auther ificate is in a for	hority to manage is/are or Capacity:  Inticated by the official reign language, a transl	having custody of records in the lation of the certificate under oat ware that any false information
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John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

## STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that 1075 RP Ventures, LLC was formed in Baldwin County, Alabama on December 5, 2017. The Alabama Entity Identification number for this entity is 409-605. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20180510000028224

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

05/10/2018

Date

X 24. Marill

John H. Merrill

Secretary of State