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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SEP 20 2021
M. SOLOMON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RPI RENTALS 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:

JOHN LEE
Name of Person

RPI RENTALS LLC
Firm/Company

TWO METROPLEX DRIVE, STE 400
Address

BIRMINGHAM, AL 35209
City/State and Zip Code

JLEE@HOAR.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARY THOMAS 205 423-2292
Name of Contact Person at () 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. RPI RENTALS 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. 87-1441132
(FEI number, if applicable)

4. OCTOBER 1, 2021
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. TWO METROPLEX DRIVE, STE 400
(Street Address of Principal Office)

6. TWO METROPLEX DRIVE, STE 400
(Mailing Address)

BIRMINGHAM, AL 35209

BIRMINGHAM, AL 35209

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

Name: CT CORPORATION SYSTEM

Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION, Florida 33324
(City) (Zip code)

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DEPARTMENT OF REVENUE

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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.

[Handwritten signature]

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: Manager Member Authorized Person Other _____

Name and Address: Name: HOAR HOLDINGS LLC
Address: TWO METROPLEX DRIVE
SUITE 400
BIRMINGHAM, AL 35209

Title or Capacity: Manager Member Authorized Person Other _____

Name and Address: Name: CARY THOMAS
Address: TWO METROPLEX DRIVE
SUITE 400
BIRMINGHAM, AL 35209

Manager Member Authorized Person Other _____

Name: SOUTHEASTERN BUILDERS
Address: TWO METROPLEX DRIVE
SUITE 400
BIRMINGHAM, AL 35209

Manager Member Authorized Person Other _____

Name: RANDALL CURTIS
Address: TWO METROPLEX DRIVE
SUITE 400
BIRMINGHAM, AL 35209

Manager Member Authorized Person Other _____

Name: JEREMY M. DIPIAZZA
Address: TWO METROPLEX DRIVE
SUITE 400
BIRMINGHAM, AL 35209

Manager Member Authorized Person Other _____

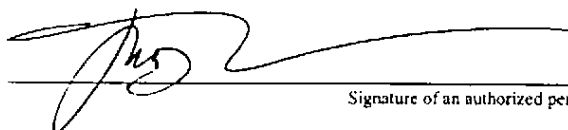
Name: _____
Address: _____

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 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS

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

JEREMY M. DIPIAZZA, EVP, CFO

Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RPI RENTALS 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 THIRD DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RPI RENTALS LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JUNE, A.D. 2021.

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



5976807 8300

SR# 20213161152

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

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

Authentication: 204080417

Date: 09-03-21