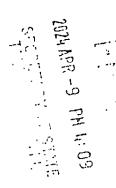
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#### **CT CORP**

### (850) 656- 4724 3458 lakesore Drive

Tallahassee, FL 32312

04/09/2024

D	ate:	04/09/2024	anic SW	
		Acc#I20160000072	4. C > V	
Name:	RLC OPERA	ATIONS, LLC		
Document #:				
Order #:	15481194			
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Thank you!

#### COVER LETTER

TO:		ation Section n of Corporations				
SUBJEC	RL CT:	C Operations, LLC				
	···	Name of Limited Liability Company				
					on to Transact Business in Florida," Certificate o liability company to transact business in Florid	
Please re	eturn all	correspondence concerning	this matter to the	following:		
		Kathy Bakken				
			Na	me of Person		
		Taft Stettinius & Hollister	LLP			
			Fir	m/Company	<u> </u>	
		2200 IDS Center, 80 South	h 8th Street			
				Address		
		Minneapolis, MN 55402-2	2157			
			City/St	ate and Zip Code		
		kbakken@taftlaw.com				
	-	E-mail ad	ldress: (to be used	for future annual re	port notification)	
For furth	ner infor	mation concerning this matte	er, please call:			
	Kathy I	Bakken		612 at ( )	977-8556	
		Name of Contact P	Person	Area Code	Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810		
	Please 1			☐ \$155.00 Filing	Fee & S160.00 Filing Fee, Certificate	

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. RLC Operations, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in	Florida The alternate name must include "Limited L	iability Company," "L.L.C," or "LLC.")
2.   Delaware     (Jurisdiction under the law of w)	nich foreign limited liability company is organized)	3(FEI numb	ber, if applicable)
4	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to dete	to registration.) rmine penalty hability)	
1980 Excel Drive 5. (Street Address of Principal Office)		6. (Mailing Address)	2024
Mankato, MN 56001		Mankato, MN 56001	
7 Name and street address	s of Florida registered agent: (P.O. B	ox NOT acceptable)	PH W 09
Name:	CT Corporation Systems		,
Office Address:	1200 South Pine Island Road		
	Plantation	, Florida (Zin code)	<del></del>

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.

Stephanie Hencz, Assistant Secretary

Stephane Honey
(Registered agent's signature)

Jeremy Brown

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: \_\_\_\_ Name: Jeremy Brown **■**Manager ■Manager Address: 1980 Excel Drive 1980 Excel Drive □Member □Member Mankato, MN 56001 Mankato, MN 56001 □ Authorized □ Authorized Person Person □Other Other □Other\_\_\_\_\_ Other\_\_\_\_ Name: Greg Boozer Name: \_\_\_\_\_ □Manager **■**Manager Address: \_\_\_\_\_1980 Excel Drive Address: □ Member □Member Mankato, MN 56001 ☐ Authorized □ Authorized Person Person □Other\_\_\_\_\_ □Other\_\_\_\_ Other\_\_\_\_ □Other\_\_\_\_\_ Name: Name: \_\_\_\_\_\_ ■ Manager □Manager Address: □Member Address: \_\_\_\_\_ □Member □ 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 third degree felony as provided for in s.817.155, F.S. DocuSigned by: A2044F5D45D492 Signature of an authorized person

Typed or printed name of signee

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "RLC OPERATIONS, 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 ELEVENTH DAY OF MARCH, A.D. 2024.

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

Authentication: 202990129

Date: 03-11-24