# Fd 10000028/5

(Requestor's Name)					
(Addr	ress)				
(Addr	ess)				
(City/	State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Busi	ness Entity Na	me)			
(Doci	ument Number)	)			
Certified Copies	Certificate	s of Status			
Special Instructions to Fi	iling Officer:				

Office Use Only



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	ration Section n of Corporations					
	C Ranch Sustainable Housing, LLC					
3000000	Nai	me of Limited Liability Company				
The enclosed "A Existence, and c	application by Foreign Limited Liability heck are submitted to register the above	y Company for Authorization to Transact Business in Florida," Core referenced foreign limited liability company to transact business	ertificate of s in Florida.			
Please return all	correspondence concerning this matter	r to the following:				
	Brandon J Arnold					
		Name of Person				
	RTC Ranch Sustainable Ho	ousina LLC				
		Firm/Company				
	614 E Hwy 50 #408					
		Address				
	Clermont, FL, 34711					
		City/State and Zip Code				
	compliance@rtcranch.com E-mail address: (to	be used for future annual report notification)				
For further info	rmation concerning this matter, please	call:				
Bran	ndon J Arnold	at ( <u>800</u> ) <b>745</b> -7795				
	Name of Contact Person	Area Code Daytime Telephone Number				
Mailing Address:		Street Address:				
Registration Section		Registration Section				
Divis	ion of Corporations	Division of Corporations				

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE

Tallahassee, FL 32314

P.O. Box 6327



March 25, 2021

BRANDON J ARNOLD 614 E HWY 50 #408 CLERMONT, FL 34711

SUBJECT: RTC RANCH SUSTAINABLE HOUSING, LLC

Ref. Number: W21000039611

We have received your document for RTC RANCH SUSTAINABLE HOUSING, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 121A00006209

## 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:

(Name of Foreign	stainable Housing LLC  i Limited Liability Company; must include "Limited  name adopted for the purpose of transacting business in Fig.		Company," "L.L.C.," or "LLC.")  asternate name must include "Limited Liability Company," "L.L.C." or "LLC."
	•		84-2305384
(Jurisdiction under the law of which foreign lurited hability company is organized)		3.	(FEI number, if applicable)
02-15-21		<del></del>	
	(Dute first transacted business in Florida, if prior to r (See sections 603.0904 & 605.0903, F.S. to determin	registration ne penalty	) induitry)
3768 Silver Star eet Address of Principal Office)	Rd	6.	614 E Hwy 50 #408 (Mailing Address)
Orlando, FL 328	308		Clermont, FL, 34711
	ss of Florida registered agent: (P.O. Box	NOT a	
Name and street addre		NOT a	
	ss of Florida registered agent: (P.O. Box	NOT a	
Name and street addre	ss of Florida registered agent: (P.O. Box Inc Authority RA	NOT a	23801-1684
Name and street addre	SS of Florida registered agent: (P.O. Box  Inc Authority RA  390 North Orange Ave., Ste 2300	NOT a	cceptable)

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:	Title or Capacity:		Name and Address:
□Manager	Name: Brandon J Arnold	□Manager	Name:	
□Member	Address: 614 E Hwy 50 #408	□Member	Address:	
Authorized	Clermont, FL, 34711	□Authorized		
Person	Compliance Officer	Person		<del>.</del>
□Other	□Other	□Other		□Other
-				
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person	<del></del>	
□Other	□Other □	□Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□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.



## STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

#### **RTC Ranch Sustainable Housing LLC**

is a

### **Limited Liability Company**

formed or qualified under the laws of Wyoming did on July 5, 2019, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2019-000864522.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 5th day of May, 2021 at 1:19 PM. This certificate is assigned ID Number 044317125.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.