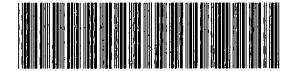
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Office Use Only



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SECRETARY OF STATE SIVISION OF CORPORATIONS

W08-35415

J. BRYAN

AUG 2 6 2008

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT:
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:
PATOL HESS
(Name of Person) 8 AUG 25
(Firm/Company)
426 W. Verie CT.
(Address)
(City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (606) \$18-5265 (Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 28, 2008

RALPH HESS 426 W. VERIE CT ASHLAND, KY 41102

SUBJECT: HC, LLC

Ref. Number: W08000035415

Castanting Life



We have received your document for HC, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida. Also, please note that adding "of Florida" or "Florida" to the end of the name is not acceptable.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited"may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC."

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 908A00043391

DB AUG 25 PH 4: 48

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing
Members of, (Name of Limited Liability Company)
(Name of Limited Liability Company)
a limited liability company duly organized and existing under the laws of
(State or Country of Organization)
Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the
following name to transact business in the state of Florida:
RHNH LLC
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.)
Signature (\$) of Manager(s) and/or Managing Member(s):
'
· · · · · · · · · · · · · · · · · · ·

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

	SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REG PANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:	ister a f	OREIGI
1.	KN.LLC.		
	Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "I	LLC.")	-
(If name unavailable, ente	er alternate name adopted for the purpose of transacting business in Florida and attach a	copy of the	– e writter
consent of the managers of	or managing members adopting the alternate name. The alternate name must include "Li	mited Liab	ility
Company," "L.L.C.," "Ll	.c.")		
· Por	8/ Certicle 2 - 463 4506		
(Jurisdiction under the	Www of which foreign limited liability 3. (FEI number, if applicable)		_
company is organized)	(12) number, in applicable)		
04/0	1/66 Perpetani		
4. (Date of	f Organization) 5. (Duration: Year limited liability company w	ill conso to	_
(Date of	5. Superford [Ouration: Year limited liability company we exist or "perpetual"]	iii cease to	
	Nowe		
6	•		_
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)		
	1200 Bath AVE		
7	100 ONA 11/2		
	Ashland, ka 41105	2	Ę.,
			ŽČ
	(Street Address of Principal Office)	් ත්	<u> </u>
8 If limited liability	company is a manager-managed company, check here	25	
6. If fillifice flatifity	company is a manager-managed company, check here		<u>3</u> ~~.
9 The name and usu	al business addresses of the managing members or managers are as follow	" . ₹	5위 5
>. The hame and asa		vs:	22
	1/1/14 H&SS		
	YZG W. VEN'S CT.		X S
	726 W. VENE CI.		•
			_
	Ash/and, by 411.2		•
			_
10. Attached is an original	certificate of existence, no more than 90 days old, duly authenticated by the official having c	ustady of re	econds in
	aw of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign le		
	under cath of the translator must be submitted.)		
	/		
11. Nature of busines	ss or purposes to be conducted or promoted in Florida:		
. / ,	e a marker of the		_
_ but	CASING (180) ESTATE		
7	1 1/1 - 1		
	1 / 4/ph C. (350		
	Signature of a member or an authorized representative of a member.		,
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes		
	an affirmation under the penalties of perjury that the facts stated herein are true.)		
	Malph Co HESS		
	Typed or printed name of signee		

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
fw, 46.	
If name unavailable, the alternate name to be used in the state of Florida is:	
RHNH 225.	, <u>F</u>
2. The name and the Florida street address of the registered agent and office are:	SECRETI
Milk Har	RY OF
107 25 h Ave Jouth - H22	STATE
Florida Street Address (P.O. Box NOT ACCEPTABLE)	,
Vackonville Brack FL 32250	
City/State/Zip	
Having been named as registered agent and to accept service of process for the above stated limite liability company at the place designated in this certificate, I hereby accept the appointment as reg agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes	

relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position, as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

8/22/2008

Commonwealth of Kentucky Trey Grayson, Secretary of State

Division of Corporations Business Filings

P. O. Box 718 Frankfort, KY 40602 (502) 564-2848 http://www.sos.ky.gov

Certificate of Existence

Authentication Number: 69005 Jurisdiction: State of Florida

Visit http://apps.sos.ky.gov/business/obdb/certvalidate.aspx_to authenticate this certificate.

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State

RN, LLC

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is March 31, 2006.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 275.190 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 22nd day of August, 2008.



Tabo

Trey Grayson Secretary of State Commonwealth of Kentucky 69005/0635848