# M1000001142

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions Elling Differ RS
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EXAMINER

Office Use Only



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SECRETARY OF STATE



March 3, 2010

RYAN PATRICK 1200 CROSS CREEK DRIVE GRAIN VALLEY, MD 64029

SUBJECT: R PATRICK & ASSOCIATES, LLC

Ref. Number: W10000010821

We have received your document for R PATRICK & ASSOCIATES, 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):

You must submit 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.

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) 245-6967.

Letter Number: 310A00005254

Leslie Sellers Regulatory Specialist II

### **COVER LETTER**

	egistration Section  ivision of Corporations
SUBJECT	RP & ASSOCIATES LLC Name of Limited Liability Company
	Name of Limited Liability Company
	ed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please retu	rn all correspondence concerning this matter to the following:
	Lyan Patrick Name of Person
	Name of Person
	RP 2 Associates LC
	Firm/Company
	1200 Cross Creek Dr
	Addivos
	City/State and Zip Code
	B-mail address: (to be used for future annual report notification)
Por further	information concerning this matter, please call:
- 01 1111 1121	A
<del></del>	Name of Person Area Code & Daytime Telephone Number
Di Re P.0	AILING ADDRESS:  vision of Corporations  Division of Corporations  Registration Section  D. Box 6327  STREET ADDRESS:  Division of Corporations  Registration Section  Clifton Building
Та	llahassee, FL 32314 A 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed	is a check for the following amount:
	\$125.00 Filing Fee \$\frac{1}{2}\$\$130.00 Filing Fee &\$\$155.00 Filing Fee &\$\$160.00 Filing Fee, Certificate Copy of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608,503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 2. A SSO CIALES 11 Company," "L.L.C.," or "LLC.") (Name of Foreign Limited Liability Company; must include (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") 2. Lansas (Jurisdiction under the law of which foreign limited liability company is organized exist or "perpetual") 2010 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Ryan Patrick - 1200 Crosscreek Dr Grain Valley MD 44029 10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: 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.)

Typed or printed name of signee

# 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	ŗ
Members of RP & Associates CC (Name of Limited Liability Company)	
(Name of Limited Liability Company)	
a limited liability company duly organized and existing under the laws of	
Kansus	
(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 t	he
following name to transact business in the state of Florida:	
(Name to be used by limited liability company in Florida, NOTE: Name must end with Limited Liability	
(Name to be used by limited liability company in Florida, NOTE: Name must end with Limited Liability Company, L.t., C., or LLC.)	
Date: March 10/10	
Signature(s) of Manager(s) and/or Managing Member(s):	
Kyn Blish	
	_

## 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:
RP3 Associates LLC
If unavailable, the alternate to be used in the state of Plorida is:  Patrick & Associates, LLC
2. The name and the Florida street address of the registered agent and office are:
In corp Services, Inc.
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Loxahatchee FL 33470

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 certificate, 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 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.

Lie Sustin for Mosp Services, Inc.

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

10 MAR I I AM II: 16
SECRETARY OF STATE

#### STATE OF KANSAS OFFICE OF SECRETARY OF STATE RON THORNBURGH

To all to whom these presents shall come, Greetings:

I, RON THORNBURGH, Secretary of State of the state of Kansas, do hereby certify that I am the custodian of records of the State of Kansas relating to business entities and that I am the proper official to execute this certificate.

Entity Name: RP & ASSOCIATES LLC

Structure: KANSAS LIMITED LIABILITY COMPANY

Business Entity ID Number: 6360606

Was filed in this office on August 28, 2009 and has complied with the applicable provisions of the laws of the state of Kansas and on this date is in good standing and authorized to transact business or to conduct affairs within this state

In testimony whereof: I hereto set my hand and cause to be affixed my official seal. Done at the City of Topeka, this 24 of February, 2010.

RON THORNBURGH SECRETARY OF STATE

Certificate ID: 264943 - To verify the validity of this certificate please visit <a href="https://www.accesskansas.org/businessentity/validate.html">https://www.accesskansas.org/businessentity/validate.html</a> and enter the certificate ID number.