M11000000933

(Requestor's Name)					
(Address)					
(Address)					
(1001000)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
. , , , ,					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:	٦				
Special mediacions to 1 ming cineer.					
	ł				
	Ī				
	ı				
	ı				
	╝				

Office Use Only



300195528813

02/23/11--01003--022 **155.00

TI FEB 22 AHIO: 55

N. Cuttigan , Fire to 2011

COVER LETTER

Registration Section

TO:

Division of Corporations
SUBJECT: RHLC Golfside, 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:
Lisa Shults
Name of Person
Corporate Direct, Inc.
Firm/Company
2248 Meridian Blvd., Ste. H
Address
Minden, NV 89423
City/State and Zip Code
wmsifl@verizon.net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lisa Shults _{at (} 775 ₎ 284-7167
Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations
Registration Section Registration Section P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: [\$\frac{125.00 \text{ Filing Fee}}{\text{Certificate of Status}}\$\$\frac{155.00 \text{ Filing Fee}}{\text{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:

1.	RHLC Golfside, LLC		
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
ÇO	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy onsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited ompany," "L.L.C," "LLC.")	of the w	/ritten y
,	Wyoming (Jurisdiction under the law of which foreign limited liability company is organized) 3. 27-4874535 (FEI number, if applicable)		
4.	February 3, 2011 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will ceal exist or "perpetual")	se to	
6.	N/A		
٠.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)		9
7	60 East Simpson Ave., Box 2869	=======================================	DIVISION
,.	Jackson, WY 83001	EB 22	ON OF
	(Street Address of Principal Office)	339	
8.	If limited liability company is a manager-managed company, check here	AM IO:	OF CORTON
9.	The name and usual business addresses of the managing members or managers are as follows:	55	ATTON!
	RHLC, LP, 4315 Clairidge Way, Palm Harbor, FL 34685		F.F.
th). Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign langual anslation of the certificate under oath of the translator must be submitted.)		rds in
1 !	1. Nature of business or purposes to be conducted or promoted in Florida: To hold and mana	ge	
	Real Estate and any lawful business 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. 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.		

Typed or printed name of signee

Rick Freeman, Manager of RHLC, LP

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 Co	mpany is:	
RHLC Golfside, LLC		
If unavailable, the alternate to be used in	the state of Florida is:	
2. The name and the Florida street addre	ess of the registered agent and office	; are:
Gerri Getwile r T	Deweiler (Name)	11 FE
1037 Greystone La	Address (P.O. Box NOT ACCEPTABLE)	EB 22
Sarasota	_{FL} 34232	AM IO: 55
	City/State/Zip	5 0/80

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.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

RHLC Golfside, LLC

is a **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **February 3, 2011**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2011-000596419**.

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 11th day of February, 2011 at 11:07 AM. This certificate is assigned 009322526.



Maj Massiels

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 http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.