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2015 FEB -2 PHI2: 41
SEGRETARY OF STATE
TAIL SEGRETARY

FEB'10 2015 O. BRUCE



WELLS FARGO TOWER
2-420 TWENTIETH STREET NORTH
SUITE 1600
BIRMINGHAM, ALABAMA 35203
PHONE: 205.328.0480
FAX: 205.322.8007

www.bakerdonelson.com

STACEY S. SHIRLEY, PARALEGAL
Direct Dial: 205.250.8371
Direct Fax: 205.488.3771
E-Mail Address: sshirley@bakerdonelson.com

February 4, 2015

#### **VIA FEDERAL EXPRESS**

Florida Department of State Attn: Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Rhys Capital LLC

Dear Sir or Madam:

Enclosed are the following:

- 1. Copy of my letter to Florida Department of State dated January 20, 2015 regarding qualification of foreign LLC; and
- 2. Delaware Certificate of Good Standing.

When filing the Application of a Foreign Limited Liability Company to Transact Business in Florida for Rhys Capital LLC, the Delaware Certificate of Good Standing was not included. I talked to someone in your office today, and they advised to mail the good standing to complete the filing.

Please return evidence of the filings to my attention in the enclosed Federal Express envelope.

If you have any questions regarding this filing, you may contact me directly at 205-250-8371.

 $\leq$ 

Stacey\S. Shirley

Paralegal

SSS:



### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 2, 2015

STACEY SHIRLEY BAKER DONELSON BEARMAN CALDWELL & BERKOW 420 20TH ST. N. STE 1400 BIRMINGHAM, AL 35203

SUBJECT: RHYS CAPITAL, LLC Ref. Number: W15000007357

We have received your document for RHYS CAPITAL, LLC and your check(s) totaling \$155.00. However, the document has not been filed and is being retained in this office for the following:

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.

Deborah Bruce Regulatory Specialist II FEB -2 PM 12: 42

Letter Number: 815A00002055 기

#### **COVER LETTER**

	ivision of Corporations			
SUBJECT	Rhys Capital LLC			
SOBJECT		me of Limited Liability Company	,	
	ed "Application by Foreign Limited Lia and check are submitted to register the a			
Please retu	rn all correspondence concerning this m	natter to the following:		
	Stacey Shirley			
	<del></del>	Name of Person		
	Baker Donelson I	Bearman Caldw	ell & Berkow	itz PC
		Firm/Company		
	420 20th St. N.	Ste 1400		
		Address		
	Birmingham, A	L 35203		
		City/State and Zip Code		
	sshirley@baker	donelson.con	า	SON I SPECIAL STATES
	E-mail address	s: (to be used for future annual re	port notification)	
For further	information concerning this matter, ple	ase call:		PH 12: 42
5	Stacey Shirley	<sub>at (</sub> 205	,2508371	42
	Name of Contact Person	Area Code	Daytime Telephon	e Number
Di Re P.	AILING ADDRESS: ivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	rcle	
	is a check for the following amo \$125.00 Filing Fee \$130.00 Filing Certificate o	ng Fee & 🛮 🗷 \$155.00 Filin		Filing Fee, Certificate & Certified Copy

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name unavailable, enter alternate name adop ability Company," "L.L.C," or "L.L.C.")	oted for the purpose of transacting business in Florida. The al	ternate name must in	nclude "	'Limite
Jurisdiction under the law of which foreign limited liability company is organized)  (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  8146 East County Hwy 30-A  Seacrest, FL 32413  (Street Address of Principal Office)  P.O. Box 611212  Rosemary Beach FL 32461  (Mailing Address)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  ynette P. Horton, sole member  O. Box 611212, Rosemary Beach FL 32461  Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the officiving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not ceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translation is the submitted)	Delaware	3			
Seacrest, FL 32413  Seacrest, FL 32413  Seacrest, FL 32413  Street Address of Principal Office)  P.O. Box 611212  Rosemary Beach FL 32461  (Mailing Address)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are: ynette P. Horton, sole member  O. Box 611212, Rosemary Beach FL 32461  Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the officiving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not ceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translation is the submitted)	(Jurisdiction under the law of which foreign	limited liability (FEI number,	if applicable)		
Seacrest, FL 32413  Seacrest, FL 32413  Seacrest, FL 32413  Street Address of Principal Office)  P.O. Box 611212  Rosemary Beach FL 32461  (Mailing Address)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are: ynette P. Horton, sole member  O. Box 611212, Rosemary Beach FL 32461  Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the officiving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not ceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translation is the submitted)					
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Seacrest, FL 32413  (Street Address of Principal Office)  P.O. Box 611212  Rosemary Beach FL 32461  (Mailing Address)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are: ynette P. Horton, sole member  O. Box 611212, Rosemary Beach FL 32461  Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the officiving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not ceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translatist be submitted)	8146 East County Hv	vy 30-A	10 mm 10 mm 20 mm	E	ă
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	ceptable. If the certificate is in a fe	oroign language, a nansiation of the certifican			
	•	Eynette D. Hoto	W		

(In accordance with section 605.0203, 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.)

Lynette P. Horton

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

<ol> <li>The name of the Limited Liability Compan</li> </ol>	y is:
--	-------

Rnys Capital LLC			_
If unavailable, the alternate to be used in the state of Florida is:			
2. The name and the Florida street address of the registered agent and office are:	<u> </u>	2015 F	
Lynette P. Horton	HASS.	EB -2	GOVERNMENT OF THE PARTY OF THE
(Name)		2 PH	
8146 East County Hwy 30-A	NO J.	1:2:	Serent .
Florida Street Address (P.O. Box NOT ACCEPTABLE)	一長馬	2	

Seacrest	FL 32413	
	City/State/Zin	

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 605, 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)

## Delaware

PAGE 1

## The First State

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

DELAWARE, DO HEREBY CERTIFY "RHYS CAPITAL 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 FOURTH DAY OF FEBRUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RHYS CAPITAL LLC" WAS FORMED ON THE TWELFTH DAY OF JANUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5673230 8300

150145919

AUTHENTICATION: 2094131

DATE: 02-04-15

You may verify this certificate online at corp.delaware.gov/authver.shtml