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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
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COVER LETTER

	egistration Section vision of Corporations		
SUBJECT:	: ROLAND Re	Sources LLC Name of Limited Liability Company	
		Liability Company for Authorization to Transact Business in I ne above referenced foreign limited liability company to trans	
Please retur	n all correspondence concerning this	s matter to the following:	
	GLEN R.	Horne Name of Person	_
	A .	Sovices LLC Firm/Company	
		C GULF Dr. # 317 A Address	
	DESTIN, F	City/State and Zip Code	
	glen 25781@		
	E-mail add	ress: (to be used for future annual report notification)	
For further i	information concerning this matter, p	please call:	
	GLEN R. HOTNE	at (404) 310 - 6048 n Area Code Daytime Telephone Nur	**************************************
	Name of Contact Perso	n Area Code Daytime Telephone Nur	nber
	AILING ADDRESS:	STREET ADDRESS:	
	vision of Corporations gistration Section	Division of Corporations Registration Section	
	D. Box 6327	Clifton Building	
Tai	llahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
	is a check for the following an		
×	\$125.00 Filing Fee \$130.00 F Certificat	Filing Fee & S155.00 Filing Fee & S160.00 Filing e of Status Certified Copy of Status & C	

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: Roland Resources, L.L.C.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") G, Roland Resources L.L.C.

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited" Liability Company," "L.L.C," or "LLC.") (Jurisdiction under the law of which foreign limited liability (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 3184 SCONIC GULF Dr # 317A De STIN, FL 32541
(Street Address of Principal Office) (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage/is/are: GLEN R. HORNE, SOLE MEMBER

3184 SCENIC GULF OF. # 317A

DESTIN FL. 32541 8. 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) Signature of an authorized person (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.) Glen R. Horne

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.

1. The name of the Limited Liability Company is:
ROLAND RESOURCES LLC
If unavailable, the alternate to be used in the state of Florida is:
G. ROLAND RESOUTCES LLC
2. The name and the Florida street address of the registered agent and office are:
Glen R. Horne (Name)
(Name)
Florida Street Address (P.O. Box NOT ACCEPTABLE) De STIN FL 32541 City/State/Zip
De STIN FL 32541 City/State/Zip
City/State/Zip
FIGURE CONTRACTOR OF THE CONTR
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.
blen R. Horne (Signature)
(Signature)
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

Certified Copy (optional)

Certificate of Status (optional)

\$ 30.00

\$ 5.00

STATE OF WYOMING Office of the Secretary of State

I, EDWARD F. MURRAY, III, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Roland Resources, LLC is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **May 30, 2014**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2014-000665874**.

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 21st day of January, 2015 at 4:08 PM. This certificate is assigned 017055823.



Secretary of State

15 FEB -3 PM 1: 00

Secretary of State

15 FEB -3 PM 1: 00

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.