·(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
Mile.	28350	Â

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 18, 2016

CAROLYN CLINTON KLEIN 2509 SAVERY DR. TUPELO, MS 38804

SUBJECT: R. CLINTON ENTERPRISES, LLC

Ref. Number: W16000028359

Atached Certifications

attached coorst you

We have received your document for R. CLINTON ENTERPRISES, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

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) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 916A00007900

FILED



COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	R. Clinton Enterprises, LLC
	Name of Limited Liability Company
	osed "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	turn all correspondence concerning this matter to the following:
	Carolyn Clinton Klein
	Name of Person
	Firm/Company
	2509 Savery Dr.
	Address
	Tupelo, Ms. 38804 City/State and Zip Code harpist@bellsouth.net
	City/State and Zip Code
	harpist@bellsouth.net
	E-mail address: (to be used for future annual report notification)
For fur	er information concerning this matter, please call:
	James Klein 214 862-2337 at (
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclose	is a check for the following amount: \$\Bigsis \text{\$125.00 Filing Fee} \text{\$\Bigsis \$130.00 Filing Fee} \$\Bigsis

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

IN COMPLIANCE, WITH SECTION 605.0902, FLORIDA STATUTES, THE FOILOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. R. Clinton Enterprises,					
			nited Liability Company," "L.L.C	C.," or "LLC.")	
R. Clinton Enterprises, Ll		·	g business in Florida. The alterna	nte name must include "I imited	
Liability Company," "L.L.C,		or the purpose or transacting	g business in Florida. The alterna	ne name must include Limited	
2. Missouri		.1.	228713		
(Jurisdiction under the law company is organized)	of which foreign limite	d liability	(FEI number, if appl	icable)	
4. ^{n/a}	(5 ·				
	(Date first tran (See sections 605	sacted business in Florida, .0904 & 605.0905, F.S. to	of prior to registration.) determine penalty liability)		
5. 2509 Savery Dr.					
Tupelo, Ms 38804					
	(Street	Address of Principal Offic	ee)		
6. 2509 Savery Dr.	× 7		· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Tupelo, Ms. 38804				NIS WAY	•
		(Mailing Address)			
7. Name and street address	s of Florida registere	d agent: (P.O. Box. NO	F acceptable)	TARE THE TARE	
	Registered Agents,	•	<u>. </u>		
Name:				COKATION OF THE STATE OF THE ST	
Office Address:	3030 N. Rocky Pois	nt Dr., Ste 150 A		三	
	Tampa		, Florida 33607	4.2	
		(City)	(Zip coo	le)	
designated in this applica	gistered agent and to tion, I hereby accept ons of all statutes rel ny position as registe	the appointment as regu ative to the proper and c	stered agent and agree to act complete performance of my	l liability company at the plac in this capacity. I further ag duties, and I am familiar with	ree
		(Registered agent's si	gnature)		
8. The name, title or capa	city and address of th	ne person(s) who has/hav	e authority to manage is/are:		
Carolyn Clinton Klein, M	anager	•	, ,		
jurisdiction under the law of the translator must be su	of which it is organized britted)	ed. (If the certificate is in	a foreign language, a translat Manager ed person	aving custody of records in the tion of the certificate under oa	
			Florida Statutes. I am aware the gree felony as provided for in		

Typed or printed name of signee

STATE OF MISSOURI



Jason Kander Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JASON KANDER, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

R. Clinton Enterprises, LLC LC1094368

was created under the laws of this State on the 22nd day of October, 2010, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 27th day of April, 2016.

Secretary of State

Certification Number: CERT-04272016-0032