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2016 AUG 15 A ID: 31 SUCRUTARY OF STATES FALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO:	Registration Section Division of Corporation	ns			
SUBJE	CCT: RHCF	COP ORLAND Name of	U, LL C Limited Liability Company	<del></del>	
				ransact Business in Florida," Ce ty company to transact business	
Please	return all correspondence	concerning this matter to the	following:		
		Jim Go	dry		
		N	ame of Person		
	1540	7 THOUGHA			
		F	irm/Company		
	154	07 Tanyand	Romil		
		J	Address		
	<u>SPAR</u>	LS, MO 2119 City/S	52	ZOIB TALL	
		City/S MANAYE QM E-mail address: (to be used	tate and Zip Code  (i) . (OM)  d for future annual report no	Attification)	- Angelia
For fur		ng this matter, please call:			J
		OS ULY of Contact Person	at ( <u>UU3</u> Area Code Da	3-3394 Street	
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registra Clifton I 2661 Ex	T ADDRESS:  of Corporations tion Section Building tecutive Center Circle tisee, FL 32301	
Enclose	ed is a check for the follow <b>B</b> \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certi of Status & Certified Copy	ficate

## 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 FOREIG COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	GN LIMITED LIABILITY
1. RHCP COP ORIANDO, VLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC."	")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must Liability Company," "L.L.C," or "LLC.")	
2. Name (Jurisdiction under the law of which foreign limited liability company is organized)  3. 46-3463716 (FEI number, if applicable)	
4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  5. 15407 Tanyand Lund	
SPARKS, MO 21152 (Street Address of Principal Office)	
6 some As shryt-	
(Mailing Address)	G)
7. Name and street address of Florida resistant aparts (D.O. Day NOT acceptable)	المال ب
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	ੈ ⇒ ਹ
a in a constant of the constan	ન પ્ર ?
Faites 33477	•
(City), Florida 37 (77)	
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability condesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capato complywith the provisions of all statutes relative to the proper and complete performance of my duties, and accept the obligations of my position as registered agent.	acity. I further agree
(Registered agent's signature)	
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
JAMES C. Godey, Minhon	
301 Deraw RIVET Blue, Suzte ZOT, J.pita, FL 33477	<del>_</del>
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custod jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the coof the translator must be submitted)  Signature of an authorized person	ertificate under oath
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, I	F.S.

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "RHCP COP ORLANDO, 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 SECOND DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 202421681

Date: 06-02-16