

M16000007013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

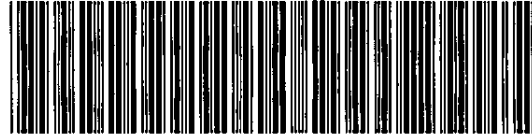
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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16 AUG 30 AM 11:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SHOOK**  
HARDY & BACON

August 25, 2016

**Via Federal Express**

Florida Department of State  
Division of Corporations - Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Angela M. Zinicola  
Paralegal  
2555 Grand Blvd.  
Kansas City, Missouri  
64108-2613  
t 816.474.6550  
dd 816.559.4065  
f 816.421.5547  
azinicola@shb.com

Re: R. Communities, LLC— Application by Foreign LLC for Authorization to  
Transact Business in Florida (the "Application")

Dear Sir or Madam:

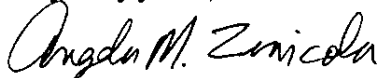
Please find enclosed for filing an original of the Application for R. Communities, LLC.

Also enclosed is a check in the amount of \$125.00 in payment of the filing fees.

Please file the Application and **return evidence of filing** in the **enclosed**  
**return Federal Express envelope** (postage pre-paid).

If you have questions, please call me at (816) 474-6550 ext. 17558.

Very truly yours,



Angela M. Zinicola

cc: Sandra L. Hawley (via e-mail w/ encls)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** R. Communities, 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:

Angela Zinicola

Name of Person

Shook, Hardy & Bacon L.L.P.

Firm/Company

2555 Grand Boulevard

Address

Kansas City, Missouri 64108

City/State and Zip Code

azinicola@shb.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Zinicola

Name of Contact Person

816

at ( )

Area Code

474-6550

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

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

**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:*

1. R. Communities, LLC

(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 include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Colorado

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-1601926

(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)

5. 2563 15th St., Ste 104

Denver, CO 80211

(Street Address of Principal Office)

6. 2563 15th St., Ste 104

Denver, CO 80211

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(Zip code)

**Registered agent's acceptance:**

*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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



**Kristin Bolden**  
**Assistant Secretary**

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

William Travis Steffens, R. Investments, RLLP, Member, 2563 15th St., Ste. 104, Denver, CO 80211

9. Attached is a 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. (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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

William Travis Steffens

\_\_\_\_\_  
Typed or printed name of signee

FILED  
16 AUG 30 AM 11:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

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William Travis Steffens  
\_\_\_\_\_  
Typed or printed name of signer

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE OF FACT OF GOOD STANDING**

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

R. Communities, LLC

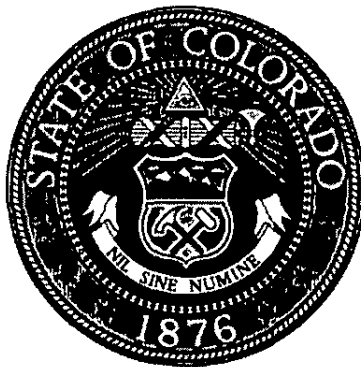
is a

Limited Liability Company

formed or registered on 02/19/2016 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20161116259 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 08/10/2016 that have been posted, and by documents delivered to this office electronically through 08/12/2016 @ 09:34:16 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 08/12/2016 @ 09:34:16 in accordance with applicable law. This certificate is assigned Confirmation Number 9784884 .



Secretary of State of the State of Colorado

FILED  
16 AUG 30 AM 11:36  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

\*\*\*\*\*End of Certificate\*\*\*\*\*

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."