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S Warren



April 7, 2017

RHONDA JOHNSON 2815 LINTHICUM PLACE TAMPA, FL 33618

SUBJECT: RHONCLIF, LLC Ref. Number: W17000029910

We have received your document for RHONCLIF, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Letter Number: 117A00006787

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

.,.

	gistration Section ision of Corporation	ns								
CUD IDOT	RhonClif, LLC									
SUBJECT:		Name of Limited Liability Company								
The enclosed Existence, and	d "Application by For nd check are submitte	reign Limited Liability Comp d to register the above refere	any for Authorization to need foreign limited lial	Transact Business in Florida," Certificate of bility company to transact business in Florida						
Please return	all correspondence	concerning this matter to the	following:							
	Rhonda Joh	nson, Manager								
		N:	ame of Person							
	RhonClif, L	LC								
		Fi	rm/Company							
	2815 Linthicum Place									
			Address	· · · · · · · · · · · · · · · · · · ·						
Tampa, Florida 33618										
		City/S	tate and Zip Code							
	johnscli@AC	DL.com								
		E-mail address: (to be used	for future annual repor	t notification)						
For further i	nformation concerning	g this matter, please call:								
	Rhonda Johnson		727 4	80-9594						
	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								
	a check for the follov \$125.00 Filing Fee	ving amount: \$\infty\$ \$\frac{1}{3}\frac{1}{3}\text{0.00 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 BUSINES IN FLORIDA

IN COMPILANCE 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:

RhonClif, LLC	WESS IN THE STATE OF FLORIDA.	•					
(Name of Foreig	gn Limited Liability Company; mus	st include "Limited Lia	bility Compa	ıny," "L.L.C.," o	r"LLC.")		
(If name unavailable, enter alte Liability Company," "L.L.C,"	ernate name adopted for the purpose or "LLC.")	of transacting busines	s in Florida.	The alternate na	me must i	nclude "Limit	.ed
Delaware		3. 81-273418	38				
(Jurisdiction under the law o company is organized)	f which foreign limited liability	<u> </u>	(FEI number, if applicable)		
January 31, 2017							
	(Date first transacted busine (See sections 605,0904 & 605,	ss in Florida, if prior to 0905, F.S. to determine	registration. e penalty liab) pility)	_		
5			 	<u>_</u>			
2815 Linthicum Place							
_c Tampa, FL 33618	(Street Address of P	Principal Office)			F15.77		
6					-:	mag m (
same					رد	1 1 	
	(Mailing /	(\ddress)		.,,.	:0	j ,	
7. Name and street address	of Florida registered agent: (P.	O. Box <u>NOT</u> accept	able)			П	
Name:	Rhonda Johnson		_		⊅ Ģ	D	
Office Address:	2815 Linthicum Place		_		$\frac{\omega}{\omega}$		
	Tampa		. Florida	33618			•
Registered agent's accepta	(City)		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Zip code)	_		
Having been named as reg designated in this application to complywith the provision	istered agent and to accept serven, I hereby accept the appointens of all statutes relative to the py position as registered agent.	ment as registered a proper and complete	gent and ag	ree to act in ti	iis capac	ity. I furthe	r agree
	(Registo	ered agent's signature)					
8. The name, title or capac	ity and address of the person(s)	who has/have author	ity to mana	ge is/are:			
Rhonda Johnson, Manag	ger, 2815 Linthicum Place, Tam	pa, FL 33618					
Clifton Johnson, Manag	er, 2815 Linthicum Place, Tamp	pa, FL 33618					
O Attached is a contificate of	foristance was the OO to			cr i li		_	
jurisdiction under the law of of the translator must be sub	f existence, no more than 90 day which it is organized. (If the ce omitted)	rtificate is in a foreig	n language	a translation of	custody of the cer	tificate unde	i the r oath
-	Signature o	of an authorized persor	1		_		
This document is executed i	n accordance with section 605.0	~ 203 (1) (b) Florida 9	Statutes Tai	n aware that an	v false ir	1formation	
submitted in a document to t	he Department of State constitut	tes a third degree felo	ony as provi	ded for in s.81	7.155 , F.	S.	

Typed or printed name of signee

Rhonda Johnson, Manager

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "RHONCLIF, 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 APRIL, A.D. 2017.

Authentication: 202323011

Date: 04-04-17

6045266 8300 SR# 20172168234

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