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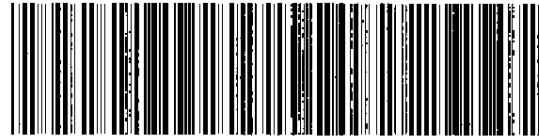
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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STATE OF FLORIDA
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S Warren



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 117A00006787

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RhonClif, 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:

Rhonda Johnson, Manager

Name of Person

RhonClif, LLC

Firm/Company

2815 Linthicum Place

Address

Tampa, Florida 33618

City/State and Zip Code

johnscli@AOL.com

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

For further information concerning this matter, please call:

Rhonda Johnson at (727) 480-9594

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

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. RhonClif, 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. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)
3. 81-2734188 (FEI number, if applicable)

4. January 31, 2017 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2815 Linthicum Place (Street Address of Principal Office)

6. Tampa, FL 33618 (Mailing Address)
same

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Rhonda Johnson
Office Address: 2815 Linthicum Place
Tampa, Florida 33618 (City) (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.

Rhonda Johnson (Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Rhonda Johnson, Manager, 2815 Linthicum Place, Tampa, FL 33618
Clifton Johnson, Manager, 2815 Linthicum Place, Tampa, FL 33618

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)

Rhonda Johnson (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.

Rhonda Johnson, Manager (Typed or printed name of signee)

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STATE OF FLORIDA

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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.



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

6045266 8300

SR# 20172168234

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

Authentication: 202323011

Date: 04-04-17