M17000005523

(Requestor's Name)	-						
(Address)	_						
(Address)							
(City/State/Zip/Phone #)	_						
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status	_						
Special Instructions to Filing Officer:							

Office Use Only



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05/30/17--01035--030 **100.00

06/30/17--01001--003 **25.00



D. SCOTT JUN 2 9 2017



June 1, 2017

TERESA BELL 10421 S JORDAN GATEWAY, SUITE 600 SOUTH JORDAN, UT 84095

SUBJECT: REALCAP INVESTMENTS, LLC

Ref. Number: W17000046325

We have received your document for REALCAP INVESTMENTS, LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$25.00.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 717A00011001



COVER LETTER

TO:		ation Section n of Corporation	18						
SURIE	Re	alCap Investmen	ts, LLC						
SUBJECT: Name of Limited Liability Company									
The end Existen	closed "A	pplication by For heck are submitte	reign Limited Liability Comp d to register the above refere	any for Authorizati acced foreign limite	on to Tra d liability	nnsact Business in Florida," Certificate of company to transact business in Florida			
Please r	return all	correspondence o	concerning this matter to the	following:					
		Teresa Bell							
			N:	ame of Person					
		Veil Legal							
	Firm/Company								
10421 South Jordan Gateway, Suite 600									
Address									
South Jordan, UT 84095									
			City/S	tate and Zip Code		1.11.			
		tbell@veillegal.c							
.			E-mail address: (to be used	l for future annual r	eport not	ification)			
For turi	ther infor	mation concernin	g this matter, please call:						
Teresa Bell			at (313-10					
		Name o	of Contact Person	Area Code		time Telephone Number			
MAILING ADDRESS: Division of Corporations						Γ ADDRESS: of Corporations			
Registration Section			Registration Section						
		ox 6327 ssee, FL 32314		Clifton Building 2661 Executive Center Circle					
						see, FL 32301			
Enclose		eck for the follow				18			
■ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status			☐ \$155.00 Filing Certified Copy	Fee &	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy □				
			Commond of Camas	condition copy		26 7			
						17 1 1 C			

. 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:

(Name of Foreig	gn Limited Liability Company; must	include "Limited Lia	bility Company," "L.L.C.," or "L	LC.")
(If name unavailable, enter alte Liability Company," "L.L.C,"	ernate name adopted for the purpose or "LLC.")	of transacting busines	ss in Florida. The alternate name t	nust include "Limited
2. MO		3, 81-5151031		
(Jurisdiction under the law o company is organized)	f which foreign limited liability	•	(FEI number, if applicable)	
4	(Date first transacted business	s in Florida, if prior to	o registration.)	
5. 3030 N Rocky Point Dr	(See sections 605.0904 & 605.0	905, F.S. to determin	e penalty liability)	
	. 56110	· · · · · · · · · · · · · · · · · · ·		
Tampa, FL 33607	(Street Address of Pr	incipal Office)		
6. 7533 Mokunoio Pl				
Honolulu, HI 96825				
	(Mailing A	•		
7. Name and street address	of Florida registered agent: (P.C REGISTERED AGENTS IN	-	table)	
Name:				
Office Address:	3030 N. Rocky Point D	rive, STE 150A	-	
	TAMPA		_ , Florida <u>33607</u>	
Registered agent's accepts	(City)		(Zip code)	
this application, I hereby a	ristered agent and to accept servi accept the appointment as registe tatutes relative to the proper and ion as registered agent	red agent and agro complete perform	ee to act in this capacity. I fur	ther agree to comply amiliar with and accept
	(Registe	red agent's signature		星里
-	city and address of the person(s)			粉页
Gary Wayne Allen, 7533 M	Mokunoio Pl, Honolulu, HI 96825	s, manager		<u> </u>
Suzanne Allen, 7533 Moki	unoio Pl, Honolulu, HI 96825	manager		
	of existence, no more than 90 day of which it is organized. (If the ce bmitted)			
		of an authorized perso	on	
	in accordance with section 605.0 the Department of State constitut			
	•	-	· -	

Typed or printed name of signee

STATE OF MISSOURY



John R. Ashcroft Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, 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

RealCap Investments, LLC LC001523556

was created under the laws of this State on the 30th day of January, 2017, 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 17th day of May, 2017.

Secretary of Stale

Certification Number: CERT-05172017-0030