1117000005541

(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:
W17000050714

Office Use Only



900300336759

06/16/17--01014--007 **125.00

FILED IN 28 P IF O

D. BRUCE JUN 29 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 19, 2017

RANDAL H. SIMMONS 3666 WALTHER DR GULF SHORES, AL 36542

SUBJECT: RHS LLC

Ref. Number: W17000050714

We have received your document for RHS 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):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations 11d." and "Co.", also are no longer acceptable.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 da property your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245 051.

>De arah Bhuce

Regulatory Specialist III

Letter Number: 717A00012325

COVER LETTER

TO: Registration Section Division of Corporation	s			
	$\mathcal{H} \subset \mathcal{L}$	11.		
SUBJECT: 4	Name of I	Limited Liability Company	 	-
		• •		
The enclosed "Application by For Existence, and check are submitted				
Please return all correspondence c	oncerning this matter to the	following:		
	Chonla +	SEMMON	UK-	-
	AHT /	ame of Person	Place	
.	Fi	rm/Company		-
	366 /2)A	HLARR Dr		_
		Address	7.0	- <u>-</u>
	Gulf SHOW	CE A/3K5	11/1	
	City/St	ate and Zip Code	ASS	L 5
	RASIMMONS 98 E-mail address: (to be used	A S VAMS. CIW I for future annual report not	1 mg	ILED
For further information concerning	g this matter, please call:	,	LORID	#: 0 6
Rowld K	SKUUDK	_at (ZT/)233	2-266-5	·
Name o	f Contact Person	Area Code Day	time Telephone Number	
MAILING ADDRESS: Division of Corporations			<u>FADDRESS:</u> of Corporations	
Registration Section P.O. Box 6327		Registrat Clifton B	ion:Section	
Tallahassee, FL 32314		2661 Exe	ecutive Center Circle see, FL 32301	
Enclosed is a check for the follow				
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Cof Status & Certified Co	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. RHY 1.1.4	
(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 Li	ability Company," "L.L.C," or "LLC.")
2. (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI num	mber, if applicable)
4. One 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. 344 (3411 htt. Ac.) 6. 5448 Ac. 31	Flor
6U/F SHOPPS A/ 2KC43	uices;
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name: (2) MAM C. WAMMA	
Office Address: HAS HANNES WAY	
, Florida 3857/ (City) , Florida 3857/	<u> </u>
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limite designated in this application, I hereby accept the appointment as registered agent and agree to ac to comply with the provisions of all statutes relative to the proper and complete performance of my and accept the obligations of my position as registered agent.	t in this capacity. I further agre
(Registered agent's signature)	
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: ANAGEA Title or Capacity:	Name and Address:
SUR < HALDE A) 3KHD	TALL
	AR ETT
(Use attachments if necessary)	ARE SEE
(Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official h jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translat of the translator must be submitted)	naving oustody of records a the
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official h jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a transla	naving oustody of records having oustody of records having oustody of records having output on the certain and the certain are that any false information
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official h jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translat of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am away	naving oustody of records he the ation of the celeficate under oath are that any false information

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that RHS, LLC was formed in Baldwin County, Alabama on February 14, 2008. The Alabama Entity Identification number for this entity is 416-084. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20170614000007536

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

06/14/2017

Date

J. M. Menill

John H. Merrill

Secretary of State