1117000009446

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
RA Sign W17-78636

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THE MOTERNA

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October 16, 2017

BEVERLY EDDY RSA TOWER 20TH FLOOR 201 MONROE ST MONTGOMERY, AL 36104

SUBJECT: CNHI, LLC

Ref. Number: W17000078636

We have received your document for CNHI, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

Letter Number: 917A00020848



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 4, 2017

BEVERLY EDDY RSA TOWER 20TH FLOOR 201 MONROE ST MONTGOMERY, AL 36104

SUBJECT: CNHI, LLC

Ref. Number: W17000078636

We have received your document for CNHI, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

CHarnel wil argent Signature.

Done of

Octavia L Simmons Regulatory Specialist II

Letter Number: 017A00020062

www.sunbiz.org

COVER LETTER

TO:

Registration Section

Division of Corporation	18		
CNHI, LLC			
	Name of	Limited Liability Company	
			ransact Business in Florida," Certifical ty company to transact business in Flo
se return all correspondence c	concerning this matter to the	following:	
	N.	ame of Person	
CNHI, LLC			1
	F	irm/Company	1
RSA Tower 20	th Floor 201 Monroe Street		
-		Address	
Montgomery, A	AL 36104		
	City/S	tate and Zip Code	
beddy@raycomn	nedia.com		
	E-mail address: (to be use	d for future annual report no	otification)
further information concerning	g this matter, please call:		
Beverly Eddy		334 206-1-	415
Name o	f Contact Person		ytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registra Clifton I 2661 Ex	T ADDRESS: n of Corporations tion Section Building tecutive Center Circle tionsec, FL 32301
osed is a check for the follow ☐ \$125.00 Filing Fee	ing amount: \$\Begin{align*} \begin{align*}	□ \$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

<i></i>				
CNHI, LLC				
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability Company," "L.L.C.," or "LLC	.")	
IHI I, LLC				
	name adopted for the purpose of transacting business in Flo		Liability Company," "L.L.C," or "LLC.")	
Delaware		3. 82-2664009		
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number, if applicable)		
10-1-2017				
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	registration.)		
RSA Tower 20th Floo		6. RSA Tower 20th Floor		
(Street Address of		(Mailing A	ddress)	
201 Monroe Street		201 Monroe Street		
Montgomery, Alabama 36104		Montgomery, Alabama 3	6104	
Name and street addres	ss of Florida registered agent: (P.O. Box C T Corporation System	NOT acceptable)		
Office Address:	1200 South Pine Island Road		17 OC 30	
	Plantation	2224	TOCT 30	
	(City)	, Florida 33324		
omply with the provisi	ons of all statutes relative to the proper i	registerea agent and agree to ac and complete performance of my	t in this capacity. I further og duties, and I am familiar with	
accept the obligations	ons of all statutes relative to the proper of the proper o	registeren agent and agree to ac and complete performance of my fichael E. Jones	t in this capacity. I further ag duties, and I am familiar with	
accept the obligations	ons of all statutes relative to the proper of the proper o	and complete performance of my fichael E. Jones	t in this capacity. I further ag duties, and I am familiar with	
accept the obligations	ons of all statutes relative to the proper of a first statutes of my position as registered agent. (Registered agent's significant of the proper of the pro	and complete performance of my fichael E. Jones	t in this capacity. I further ag duties, and I am familiar with	
accept the obligations	ons of all statutes relative to the proper to find my position as registered agent.	and complete performance of my fichael E. Jones	t in this capacity. I further ag duties, and I am familiar with Name and Address:	
accept the obligations The name, title or capa	ons of all statutes relative to the proper of of my position as registered agent. (Registered agent's sincity and address of the person(s) who has Name and Address: Donald Patrick LaPlatney	fichael E. Jones gnature) Whave authority to manage is/are:	duties, and I am familiar with	
accept the obligations The name, title or capa Title or Capacity:	ons of all statutes relative to the proper of of my position as registered agent. (Registered agent's sincity and address of the person(s) who has Name and Address:	fichael E. Jones gnature) Whave authority to manage is/are:	duties, and I am familiar with	
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accept the obligations The name, title or capa Title or Capacity: Manager	ons of all statutes relative to the proper of of my position as registered agent. (Registered agent's sincity and address of the person(s) who has Name and Address: Donald Patrick LaPlatney 201 Monroe St., 20th Floor Montgomery, AL 36104	fichael E. Jones gnature) Whave authority to manage is/are:	duties, and I am familiar with	
The name, title or capa Title or Capacity: Manager	(Registered agent. (Registered agent. (Registered agent) (Regis	fichael E. Jones gnature) Whave authority to manage is/are: Title or Capacity:	Name and Address:	
The name, title or capa Title or Capacity: Manager e attachments if necess ttached is a certificate of diction under the law of	(Registered agent. (Registered agent. (Registered agent.) (Agent.) (Registered agent.) (Agent.) (fichael E. Jones finance) Thave authority to manage is/are: Title or Canacity:	Name and Address:	
The name, title or capa Title or Capacity: Manager e attachments if necess ttached is a certificate of diction under the law of the translator must be su This document is execut	(Registered agent. (Registered agent. (Registered agent.) (Agent.) (Registered agent.) (Agent.) (fichael E. Jones fichael E. Jones finature) Thave authority to manage is/are: Title or Canacity: uly authenticated by the official his in a foreign language, a translation is in a foreign language.	Name and Address: aving custody of records in the tion of the certificate under oather that any false information	
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The name, title or capa Title or Capacity: Manager e attachments if necess ttached is a certificate of diction under the law of the translator must be su This document is execunitted in a document to	(Registered agent. (Registered agent. (Registered agent. (Registered agent.) (Registered	fichael E. Jones fichael E. Jones finature) Thave authority to manage is/are: Title or Canacity: uly authenticated by the official he is in a foreign language, a translation of the control of the	Name and Address: aving custody of records in the tion of the certificate under oather that any false information	

Delaware

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "CNHI, 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 SIXTH DAY OF SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

SETTING THE GOODINGS, SPECIFICALLY OF STATE

Authentication: 203175160

Date: 09-06-17