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Office Use Only



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HARRIS

COVER LETTER

TO:	Registration Section Division of Corporation	ns		
SUBJ	British Gundogs, LI			
3000			Limited Liability Company	
				ransact Business in Florida," Certificate of ty company to transact business in Florida.
Please	return all correspondence	concerning this matter to the	following:	
	Jason Isenberg			
		N	ame of Person	
	RFA Managem	ent Company, LLC		
		F	irm/Company	
	1908 Cliff Vall	ey Way		
			Address	
	Atlanta, GA 30	329		
		City/S	state and Zip Code	
	jisenberg@rfalle	.com		
		E-mail address: (to be use	d for future annual report no	otification)
For fu	rther information concerning	g this matter, please call:		
	Jason Isenberg		404 486-46	550
	Name o	of 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: of Corporations tion Section Building ecutive Center Circle see, FL 32301
Enclos	sed is a check for the follow \$125.00 Filing Fee	ring amount: S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 13, 2018

JASON ISENBERG 1908 CLIFF VALLEY WAY ATLANTA, GA 30329

SUBJECT: BIRTISH GUNDOGS, LLC

Ref. Number: W18000024302

ZIN MAR 25 PM 1: 34 SEGRETARY OF STATE TALL ANASSEE FLORIDA

We have received your document for BIRTISH GUNDOGS, 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):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$777.50.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 018A00005076

MIGHAR 26 PM 3: 36

9

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:

(If name unavailable, enter alternate name ac	dopted for the purpose of transacting business in Fl	orida. The alternate name must include "Limited Li	
2. Georgia		3. <u>41-42597</u>	(a)
	reign (united liability company is organized)	5. (FE! num	sher, if applicable)
4. 2016			
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to detent	o registration.) nine peneky linbility)	
5 1908 Cliff Valley Way		6. 1908 Cliff Valley Way	
(Sueet Address of Princip	al Office)	(Mailing Ad	reas)
Atlanta, GA 30329		Atlanta, GA 30329	<u> </u>
			<u> </u>
7. Name and street address of	Florida registered agent: (P.O. Box	x <u>NOT</u> acceptable)	7 N
N	T Consontin	Suckeys	
Name:	2/ // // // //	+ 11	me 20
Office Address: [2	co Plantation	Island load	
	Ol tati	, Florida <u>333</u>	74 ST
	(City)	Florida 755	
Registered agent's acceptanc		(2.7 ***	
		process for the above stated limited	
		is registered ayent and agree to act r and complete performance of my	
and accept the obligations of i		i unu compieie perjormunce oj my	unites, and I am juminut with
	ny p <u>osition as registered</u> agent		
	ny position as registered agent.	Ternell-Kearney Asst. S	ecretary
	#	Ternell-Kearney Asst. S	ecretary
	(Regulered agent)		ecretary
8. The name, title or capacity	(Regulered agent's	as/have authority to manage is/are:	
· •	(Regulered agent's	signature)	ecretary Name and Address:
8. The name, title or capacity	(Regulered agent's	as/have authority to manage is/are:	
8. The name, title or capacity <u>Title or Capacity:</u>	and address of the person(s) who h Name and Address: Rollins Ranches, LLC 4701 S. Kenansville Road	as/have authority to manage is/are:	
8. The name, title or capacity <u>Title or Capacity:</u>	(Regulered agent's and address of the person(s) who h Name and Address: Rollins Ranches, LLC	as/have authority to manage is/are:	
8. The name, title or capacity <u>Title or Capacity:</u>	and address of the person(s) who h Name and Address: Rollins Ranches, LLC 4701 S. Kenansville Road	as/have authority to manage is/are:	
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8. The name, title or capacity <u>Title or Capacity:</u>	and address of the person(s) who h Name and Address: Rollins Ranches, LLC 4701 S. Kenansville Road	as/have authority to manage is/are:	
8. The name, title or capacity Title or Capacity: Manager	(Regutered agent's and address of the person(s) who h Name and Address: Rollins Ranches, LLC 4701 S. Kenansville Road Okeechobee, FL 34972	as/have authority to manage is/are:	
8. The name, title or capacity Title or Capacity: Manager	(Regutered agent's and address of the person(s) who h Name and Address: Rollins Ranches, LLC 4701 S. Kenansville Road Okeechobee, FL 34972	as/have authority to manage is/are:	
8. The name, title or capacity Title or Capacity: Manager (Use attachments if necessary)	(Regulered agent's and address of the person(s) who h Name and Address: Rollins Ranches, LLC 4701 S. Kenansville Road Okeechobee, FL 34972	as/have authority to manage is/are: Title or Capacity:	Name and Address:
8. The name, title or capacity Title or Capacity: Manager (Use attachments if necessary) Attached is a certificate of expression of the capacity:	(Regulered agent's and address of the person(s) who h Name and Address: Rollins Ranches, LLC 4701 S. Kenansville Road Ökeechobee, FL 34972	as/have authority to manage is/are: Title or Capacity: duly authenticated by the official ha	Name and Address:
8. The name, title or capacity Title or Capacity: Manager (Use attachments if necessary) 2. Attached is a certificate of exurisdiction under the law of whether t	Regutered agent's and address of the person(s) who h Name and Address: Rollins Ranches, LLC 4701 S. Kenansville Road Okeechobee, FL 34972	as/have authority to manage is/are: Title or Capacity:	Name and Address:
8. The name, title or capacity Title or Capacity: Manager (Use attachments if necessary) 9. Attached is a certificate of exurisdiction under the law of whether t	Regutered agent's and address of the person(s) who h Name and Address: Rollins Ranches, LLC 4701 S. Kenansville Road Okeechobee, FL 34972	as/have authority to manage is/are: Title or Capacity: duly authenticated by the official ha	Name and Address:
8. The name, title or capacity Title or Capacity: Manager (Use attachments if necessary) Attached is a certificate of exurisdiction under the law of what is the translator must be submit	Regutered agent's and address of the person(s) who h Name and Address: Rollins Ranches, LLC 4701 S. Kenansville Road Okeechobee, FL 34972 xistence, no more than 90 days old, nich it is organized. (If the certificatited)	as/have authority to manage is/are: Title or Capacity: duly authenticated by the official ha	Name and Address:
8. The name, title or capacity Title or Capacity: Manager (Use attachments if necessary) Attached is a certificate of exurisdiction under the law of what the translator must be submit to. This document is executed	Regutered agent's and address of the person(s) who hat Name and Address: Rollins Ranches, LLC 4701 S. Kenansville Road Okeechobee, FL 34972 existence, no more than 90 days old, nich it is organized. (If the certificated) in accordance with section 605.020	as/have authority to manage is/are: Title or Capacity: duly authenticated by the official have is in a foreign language, a translate	Name and Address: aving custody of records in the ion of the certificate under oath re that any false information
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Typed or printed name of signee

Control Number: 15056853

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I. Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

British Gundogs, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 15418332 Date Inc/Auth/Filed: 06/09/2015 Jurisdiction : Georgia Print Date : 03/02/2018

Form Number : 211



Brian P. Kemp Secretary of State