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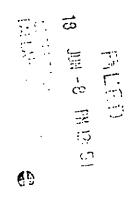
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O SIMMONS JUN 1 2 2018

#### **COVER LETTER**

	istration Section sion of Corporation	s				
SUBJECT:	RL COUNTRYSID	E, LLC				
		Name of L	imited Liability C	Company		
		eign Limited Liability Compa d to register the above refere				
Please return	all correspondence c	oncerning this matter to the f	following:			
	GARY L. LIEB	BERMAN				
	******	Na	me of Person		· · · · · · · · · · · · · · · · · · ·	
	LIEBERMAN,	DVORIN & DOWD, LLC				
	<del> </del>	Fir	m/Company			
	30195 CHAGR	IN BLVD., STE 300				
			Address			
	PEPPER PIKE,	OH 44124				
		City/Sta	ate and Zip Code			
	GARY@LDDLE	GAL.COM				
		E-mail address: (to be used	for future annual	report not	ification)	
For further in	formation concerning	g this matter, please call:				
GA	RY L. LIEBERMAN	!	216 at (	292-777	76	
	Name o	f Contact Person	Area Code	Dayı	time Telephone Number	
Divi Regi P.O.	ILING ADDRESS: ision of Corporations istration Section Box 6327 ahassee, FL 32314			Division of Registrati Clifton Bi 2661 Exec	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
	check for the follow 125.00 Filing Fee	ing amount:  \$\Bigcup \text{S130.00 Filing Fee & Certificate of Status}\$	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee. Cer 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:

	LLC Limited Liability Company; must include "Limited		
	name adopted for the purpose of transacting business in Flori	ida. The alternate name must include "Limited L	iability Company," "L.L.C," or "LLC.")
2. OHIO (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3(FEI nu	mber, it applicable)
a UPON APPROVAL			
٦.	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determine	egistration.) ne penalty liability)	
5. 2524 ALEXANDER I		6. 30195 CHAGRIN BLVD	., STE 300
(Street Address of CLEARWATER, FL 3	-	(Mailing Ac PEPPER PIKE, OH 4412	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	<del>1</del> 8
Name:	INCORP. SERVICES, INC.		
Office Address:	17888 67TH COURT NORTH		
	LOXAHATCHEE	, Florída <u>33470</u>	
designated in this applica	egistered agent and to accept service of p ttion, I hereby accept the appointment as	s registered agent and agree to ac	et in this capacity. I further agree
Having been named as redesignated in this applicate to comply with the provis	egistered agent and to accept service of p	s registered agent and agree to ac	et in this capacity. I further agree
Having been named as redesignated in this applicate to comply with the provis	egistered agent and to accept service of p ution, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent.	s registered agent and agree to ac and complete performance of my	et in this capacity. I further agree
Having been named as redesignated in this applicate to comply with the provisand accept the obligation  8. The name, title or cap	egistered agent and to accept service of pation. I hereby accept the appointment as ions of all statutes relative to the proper as of my position as registered agent.  Sel Ala Ched (Registered agent's sacity and address of the person(s) who has	s registered agent and agree to ac and complete performance of my signature) s/have authority to manage is/are:	et in this capacity. I further agree y duties, and fign familiar with
Having been named as redesignated in this applicate to comply with the provisand accept the obligation	egistered agent and to accept service of pation. I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent.  Sel Ala Ched (Registered agent's s	s registered agent and agree to ac and complete performance of my signature)	et in this capacity. I further agree y duties, and fign familiar with
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GARY L. LIEBERMAN, AUTHORIZED AGENT

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

IN COMPLIANCE WITH SECTION 605.0202, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name musvailable, enter alterrate r	name adopted for the purpose of transacting business in Fle	orida. The alternate none must include "Limited I	Liability Company," "L.L.C," or "L.L.C
OHO		3.	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI nu	imber, if applicable)
UPON APPROVAL			
	(Date first transacted business in Florida, if prior to (See sections 605,0901 & 605,0905, F.S. to determ	o registration )	
2404 - 1 01/4 - 1/6 01/4			
2524 ALEXANDER 1		6. 30195 CHAGRIN BLVE	D., STE 300
CLEARWATER, FL		PEPPER PIKE, OH 4412	•
<u> </u>	<del></del>		
	<del></del>		
Name and street address	ss of Florida registered agent: (P.O. Box	x <u>NOT</u> acceptable)	بيسيا
Name:	INCORP SERVICES, INC.		
	17898 47TH COURT MORTH	<del></del>	
Office Address:	17888 67TH COURT NORTH	<del></del>	•
	LOXAHATCHEE	, Florida <u>33470</u>	
	(City)	(Zip c	tode)
signated in this applica comply with the provisi	gistered agent and to accept service of accept the appointment a ions of all starties relative to the proper s of my position as registered agent.	is registered agent and agree to ac r and complete performance of m	ct in this capa <b>dly</b> . I furth y duties, and I am familia
signated in this applica comply with the provisi	tion, I hereby accept the appointment a ions of all stagutes relative to the proper	ns registered agent and agree to act and complete performance of m.  Kathy Shin on behalf of l	ct in this capa <b>dly</b> . I furth y duties, and I am familia
signated in this applica comply with the provisi d accept the obligation.	tion, I hereby accept the appointment a ions of all starties relative to the proper s of my position as registered agent.  (Registered agent's	as registered agent and agree to ac r and complete performance of m Kathy Shin on behalf of l	ct in this capa <b>dity.</b> I furth y duties, and I am familia InCorp Services, Inc.
signated in this applica comply with the provisi d accept the obligation.	tion, I hereby accept the appointment a ions of all starties relative to the proper s of my portion as registered agent.	as registered agent and agree to ac r and complete performance of m Kathy Shin on behalf of l	ct in this capa <b>dity.</b> I furth y duties, and I am familia InCorp Services, Inc.
signated in this applica comply with the provisi d accept the obligation.  The name, title or capa	acity and address of the person(s) who ha	Kathy Shin on behalf of last/have authority to manage is/are:	ct in this capa <b>dity.</b> I furth y duties, and I am familia I <u>nCorp</u> Services, Inc.
signated in this applica comply with the provisi d accept the obligation.  The name, title or capa Title or Capacity:	tion, I hereby accept the appointment a ions of all starties relative to the proper s of my portion as registered agent.  (Registered agent's acity and address of the person(s) who ha	Kathy Shin on behalf of last/have authority to manage is/are:	ct in this capa <b>dity.</b> I furth y duties, and I am familia I <u>nCorp</u> Services, Inc.
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esignated in this applicate comply with the provisional accept the obligation.  The name, title or capa Title or Capacity: MANAGER  Attached is a certificate risdiction under the law the translator must be sufficient in the second. This document is executed.	acity and address of the person(s) who have and Address:  ROBERT LEVIN P.O. BOX 711 MT. PLEASANT. PA 15666  sary)  of existence, no more than 90 days old, of which it is organized. (If the certificat abmitted)  of the Department of State constitutes a thin the proper is of the person(s) who have and Address:  ROBERT LEVIN P.O. BOX 711 MT. PLEASANT. PA 15666	kathy Shin on behalf of lasignature)  as/have authority to manage is/are:  Title or Capacity:  duly authenticated by the official it is in a foreign language, a translate is in a foreign language, a may a second and a second a	nCorp Services, Inc.  Name and Address:  having custody of records in ation of the certificate under that any false information.

Typed or printed name of signee

## UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show RL COUNTRYSIDE, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2088692, was organized within the State of Ohio on March 5, 2012, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 15th day of May, A.D. 2018.

**Ohio Secretary of State** 

Jon Hastel

Validation Number: 201813501966



30195 Chagrin Boulevard, Suite 300 Pepper Pike, Ohio 44124 T: (216) 453-1100 and (216) 292-7776 F: (216) 292-3340 Visit us at www.LDDLegal.com

June 4, 2018

Florida Department of State Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

RE: Application by Foreign Limited Liability Company for Authorization to

Transact Business in Florida

ENC: Application for RL Countryside, LLC

'lease	The enclosed is for your information and files.
	The enclosed is for your further handling.
	Please record the enclosed on our behalf.
	A self-addressed, stamped envelope is enclosed.
	Please telephone our office for an appointment.
	Please forward a time-stamped copy of the enclosed back to this office.

Sincerely yours,

LIEBERMAN, DVORIN & DOWD, LLC

Amber 🖖 Éurdal