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COVER LETTER

TO: Registration Section Division of Corporations

RR EVENTS, LLC

SUBJECT: ____

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Andrew & Melanie Wickham

Name of Person RR EVENTS, LLC Firm/Company 3619 Flint Road Address Stanley, NY 14561 City/State and Zip Code melanie@rreventsllc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Melanie Wickham 585 7292543 at (Name of Contact Person Area Code Daytime Telephone Number MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations Registration Section Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount: S125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & S160.00 Filing Fee, Certificate Certificate of Status Certified Copy 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA-

1. RR Events, LLC

ame unavailable, enter alternate name adopted for the purpose of transacting business in F. New York State	۲ میں		
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if spplicable)	er, if applicable)	
(Date first transacted business in Florida. If prior to (See sections 605.0904 & 605.0905, F.S. to detern	registration.) inc pecalty liability)		
3619 Flint Road	6 3619 Flint Road		
(Street Address of Principal Office)	(Mailing Address)		
Stanley, NY	Stanley, NY		
14561	14561		
	(<u>NOT</u> acceptable)	18	
Name: <u>Elaine Dyl</u>	NOT acceptable)	18 ,	
Name and <u>street address</u> of Florida registered agent: (P.O. Bo. Name: <u>Elaine Dyl</u> Office Address: <u>2681 N Flamingo R</u>	$\frac{NOT}{d} = \frac{10045}{410045}$	18.0	
Name: <u>Elaine Dyl</u>	$d \frac{\text{NOT} \text{ acceptable}}{d \# 10045}$	18	
Name: <u>Elaine Dyl</u> Office Address: <u>2681 N Flamingo R</u> <u>Sunrise</u>	$d \frac{\text{NOT} \text{ acceptable}}{d \# 10045}$, Florida <u>33323</u>	18	
Name: Office Address: Elaine Dyl 2681 N Flamingo R Sunrise (City) (City)	<u>d #10</u> 045 , Florida <u>33323</u> (Zip code))	
Name: Office Address: Elaine Dyl 2681 N Flamingo R SUNNSE (City) istered agent's acceptance: ing been named as registared agent and to accept service of	<u>d #10</u> 045 , Florida <u>33323</u> (Zip code) process for the above stated limited liability compa) : : : :	
Name: Diffice Address: Diffice Address: <u>Elaine Dyl</u> <u>2681 N Flamingo R</u> <u>Sunrise</u> (City) (, Florida <u>33323</u> (Zip code) process for the above stated limited liability compares pregistered agent and agree to act in this capacity) any at	
Name: Office Address: Elaine Dyl 2081 N Flamingo R SUNNSE (City) gistered agent's acceptance: wing been named as registered agent and to accept service of ignated in this application, I hereby accept the appointment of comply with the provisions of all statutes relative to the prope	, Florida <u>33323</u> (Zip code) process for the above stated limited liability compares pregistered agent and agree to act in this capacity) iny di 1 fi	
Name: <u>Elaine Dyl</u> Office Address: <u>2681 N Flamingo R</u> Sunrise	, Florida <u>33323</u> (Zip code) process for the above stated limited liability compares pregistered agent and agree to act in this capacity) any at	

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Canacity: Name and Address Title or Conacity

	7141110 HILG 71661 0331	THE OF Capacity,	Name and Address:
Owner	Melanie Wickham 3619 Flint Rd	Manager	Samantha Schreck
	Stanky Ny 1450		Dechester, M 14623
Owner	Andrew Whickham Solg Flint Rd	;_,	
Use attachments if necessary)			

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(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Ľa M reature of an authorized person Typed or printed

State of New York Department of State } ss:

I hereby certify, that RR EVENTS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/15/2013, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Publication of RR EVENTS, LLC was filed on 11/25/2013.

The Biennial Statement is past due.

I further certify, that no other documents have been filed by such Limited Liability Company.



Witness my hand and the official seal of the Department of State at the City of Albany, this 04th day of October two thousand and eighteen.

Brendan W. Fitzgerald Executive Deputy Secretary of State

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