## M18000011350

(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:
W18, 10464S

Office Use Only



600320982246

11/19/18--01038--011 \*\*125.00

FILEU
2018 DEC 17 AH 7: 49
SECRETARE OF FLORID

N CULLIGANI DEC 18 2018 COVER LETTER

TO:	Registration Section Division of Corporation	ons				
SUBJE	RK Tractors, LLC					
			Limited Liability (	Company		
The end Existen	closed "Application by Force, and check are submitt	oreign Limited Liability Comped to register the above refer	pany for Authoriza enced foreign limit	tion to Tra ed liabilit	ansact Business in Florida," Certific y company to transact business in Fl	ate of lorida.
Please	return all correspondence	concerning this matter to the	following:			
	Sydney Tharp					
		N	ame of Person			
	Rural King - I	egal Services				
		F	inn/Company			
	4216 Dewitt A	venue				
			Address			
	Mattoon, IL 6	1938				
		City/S	tate and Zip Code			
	stharp@ruralkin	g.com				
		E-mail address: (to be use	d for future annual	report no	tification)	
For furt	her information concerni	ng this matter, please call:				
	Sydney Tharp	_	217 at (	235-71	02	
	Name	of Contact Person	Area Code	Day	rtime Telephone Number	
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section duilding secutive Center Circle see, FL 32301	
Enclose	d is a check for the follow ■ \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	



December 3, 2018

SYDNEY THARP RURAL KING-LEGAL SERVICES 4216 DEWITT AVENUE MATTON, IL 61938

SUBJECT: RK TRACTORS LLC Ref. Number: W18000104145

We have received your document for RK TRACTORS LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6052.

Letter Number: 718A00024676

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

Di trico (Conservino) DO DOV 0007 M II 1

## 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:

Of name unavailable enter alternate	Tame adopted for the purpose of		
tili:	name adopted for the purpose of transacting business in Florida	<ol> <li>The alternate name must include "Limited List</li> </ol>	ability Company," "L.L.C," or "LLC,")
2. Illinois	which foreign limited liability company is organized)	3. <u>36-4855659</u>	
(According auter the faw of a	which foreign limited liability company is organized)	(FE) man	iber, if applicable)
4.			
	(Date first transacted business in Florida, if prior to reg. (See sections 605.0904 & 605.0905, F.S. to determine	stration.)	<del></del>
- 4216 Danitt Arrange	(Ser sections 603.090% & 603.0903, r.S. to determine p		
5. 4216 Dewitt Avenue (Street Address of	Bring Land Add	6. 4216 Dewitt Avenue	
Legal Services	rindipal Ocice)	(Mailing Add	iress)
<del></del>		Legal Services	
Mattoon, IL 61938		Mattoon, IL 61938	4.0 2
·			
7. Name and street addre	$\overline{ss}$ of Florida registered agent: (P.O. Box $N$	OT accomtable)	≥蓋 吊 ▼
		io i acceptable)	- 5일 등 🗕
Name:	C T Corporation System		SS IJ
0.00	1200 South Pine Island Road	<del></del>	高兰 <u></u> 「 <b>ロ</b>
Office Address:	1200 South Time Island Road		
	Plantation	Preside 33324	
Registered agent's accep	(City)	, Florida 33324 (Zip sod	
исывнитей ти тик прриса	non, I hereby accept the appointment as re	cess for the above stated limited egistered agent and agree to act	in this capacity. I further an
to comply with the provis	tion, I hereby accept the appointment as re ions of all statutes relative to the proper an s of my position as registered agent.	egistered agent and agree to act	in this capacity. I further an
to comply with the provis	ions of all statutes relative to the proper an s of my position as registered agent.	egistered agent and agree to act id complete performance of my	in this capacity. I further ag duties, and I am familiar with
to comply with the provis	s of my position as registered agent.  Mil	egistered agent and agree to act id complete performance of my ke Jones, Assistant Secreta	in this capacity. I further ag duties, and I am familiar with
to comply with the provis	ions of all statutes relative to the proper an s of my position as registered agent.	egistered agent and agree to act id complete performance of my ke Jones, Assistant Secreta	in this capacity. I further ag duties, and I am familiar with
to comply with the provis	s of my position as registered agent.  (Registered agent's signal	egistered agent and agree to act ad complete performance of my ke Jones, Assistant Secreta	in this capacity. I further ag duties, and I am familiar with
to comply with the provis	s of my position as registered agent.  Mil	egistered agent and agree to act and complete performance of my ke Jones, Assistant Secreta ature) have authority to manage is/are:	in this capacity. I further ag duties, and I am familiar with ry
to comply with the provisand accept the obligation  8. The name, title or capa  Title or Capacity:	s of my position as registered agent.  Mil  (Registered agent's signal actity and address of the person(s) who has/h	egistered agent and agree to act ad complete performance of my ke Jones, Assistant Secreta	in this capacity. I further ag duties, and I am familiar with
to comply with the provisand accept the obligation  8. The name, title or capa	Alex Melvin	egistered agent and agree to act and complete performance of my ke Jones, Assistant Secreta ature) have authority to manage is/are:	in this capacity. I further ag duties, and I am familiar with ry
to comply with the provisand accept the obligation  8. The name, title or capa  Title or Capacity:	Alex Melvin  4216 Dewitt to the proper and soft all statutes relative to the proper and soft agent.  Mil  (Registered agent's signal acity and address of the person(s) who has/h	egistered agent and agree to act and complete performance of my ke Jones, Assistant Secreta ature) have authority to manage is/are:	in this capacity. I further ag duties, and I am familiar with ry
to comply with the provisand accept the obligation  8. The name, title or capa  Title or Capacity:	Alex Melvin	egistered agent and agree to act and complete performance of my ke Jones, Assistant Secreta ature) have authority to manage is/are:	in this capacity. I further ag duties, and I am familiar with ry
8. The name, title or capa	Alex Melvin  4216 Dewitt to the proper and soft all statutes relative to the proper and soft agent.  Mil  (Registered agent's signal acity and address of the person(s) who has/h	egistered agent and agree to act and complete performance of my ke Jones, Assistant Secreta ature) have authority to manage is/are:	in this capacity. I further ag duties, and I am familiar with ry
8. The name, title or capa	Alex Melvin  4216 Dewitt to the proper and soft all statutes relative to the proper and soft agent.  Mil  (Registered agent's signal acity and address of the person(s) who has/h	egistered agent and agree to act and complete performance of my ke Jones, Assistant Secreta ature) have authority to manage is/are:	in this capacity. I further ag duties, and I am familiar with ry
8. The name, title or capa	Alex Melvin  4216 Dewitt to the proper and soft all statutes relative to the proper and soft agent.  Mil  (Registered agent's signal acity and address of the person(s) who has/h	egistered agent and agree to act and complete performance of my ke Jones, Assistant Secreta ature) have authority to manage is/are:	in this capacity. I further ag duties, and I am familiar with ry
8. The name, title or caps Title or Capacity:  Manager	Alex Melvin  4216 Dewith Ave.  Mathematical Melvin, The Graph of the proper and address.	egistered agent and agree to act and complete performance of my ke Jones, Assistant Secreta ature) have authority to manage is/are:	in this capacity. I further ag duties, and I am familiar with ry
8. The name, title or capa Title or Capacity:  Manager  (Use attachments if neces:	Alex Melvin  4216 Dewitt Ave.  Mathematical Melvin  4216 Dewitt Ave.  Mathematical Melvin  4216 Dewitt Ave.  Mathematical Melvin  Melvi	egistered agent and agree to act and complete performance of my ke Jones, Assistant Secreta ature) have authority to manage is/are: Title or Capacity:	in this capacity. I further ag duties, and I am familiar with ry  Name and Address:
8. The name, title or caparitie or Capacity:  Manager  (Use attachments if necess)	Alex Melvin  4216 Dewith Ave.  Mathematical Medical Ave.  Mathematical Melvin  Melvin  Mathematical Melvin  Mathematical Melvin  Mathematical Melvin  Melvin  Mathematical Melvin  Melvin  Melvin  Mathematical Melvin  Me	ke Jones, Assistant Secreta  ature)  ave authority to manage is/are:  Title or Capacity:	in this capacity. I further ag duties, and I am familiar with  ry  Name and Address:
8. The name, title or caparities or Capacity:  Manager  (Use attachments if necessarisdiction under the law approach)	Mil  (Registered agent's signs acity and address of the person(s) who has/h  Name and Address:  Alex Melvin  4216 Dewitt Ave.  Mattoon, TL 61938  sary)  of existence, no more than 90 days old, duly of which it is organized. (If the certificate is	ke Jones, Assistant Secreta  ature)  ave authority to manage is/are:  Title or Capacity:	in this capacity. I further ag duties, and I am familiar with  ry  Name and Address:
8. The name, title or caparity:  Manager  (Use attachments if necessaris):  Attached is a certificate urisdiction under the law of the translator must be sufficiently.	Alex Melvin 4216 Dewitt Ave. Mathoon, It 61938  sary)  of existence, no more than 90 days old, dultof which it is organized. (If the certificate is abmitted)	egistered agent and agree to act and complete performance of my ke Jones, Assistant Secreta sture) have authority to manage is/are: Title or Capacity:  y authenticated by the official has in a foreign language, a translati	in this capacity. I further ag duties, and I am familiar with ry  Name and Address:  Living custody of records in the ion of the certificate under out
8. The name, title or caparity:  Manager  (Use attachments if necessaris):  Attached is a certificate urisdiction under the law of the translator must be sufficiently.	Alex Melvin 4216 Dewitt Ave. Mathoon, It 61938  sary)  of existence, no more than 90 days old, dultof which it is organized. (If the certificate is abmitted)	egistered agent and agree to act and complete performance of my ke Jones, Assistant Secreta sture) have authority to manage is/are: Title or Capacity:  y authenticated by the official has in a foreign language, a translati	in this capacity. I further ag duties, and I am familiar with ry  Name and Address:  Living custody of records in the ion of the certificate under out
8. The name, title or caparity:  Manager  (Use attachments if necessaris):  Attached is a certificate urisdiction under the law of the translator must be sufficiently.	Alex Melvin 4216 Dewitt Ave. Mathoon, It 61938  sary)  of existence, no more than 90 days old, dultof which it is organized. (If the certificate is abmitted)	egistered agent and agree to act and complete performance of my ke Jones, Assistant Secreta sture) have authority to manage is/are: Title or Capacity:  y authenticated by the official has in a foreign language, a translati	in this capacity. I further ag duties, and I am familiar with ry  Name and Address:  Living custody of records in the ion of the certificate under out
8. The name, title or caparity:  Manager  (Use attachments if necessaris):  Attached is a certificate urisdiction under the law of the translator must be sufficiently.	Mil  (Registered agent's signs acity and address of the person(s) who has/h  Name and Address:  Alex Melvin  4216 Dewitt Ave.  Mattoon, TL 61938  sary)  of existence, no more than 90 days old, duly of which it is organized. (If the certificate is	egistered agent and agree to act and complete performance of my ke Jones, Assistant Secreta sture) have authority to manage is/are: Title or Capacity:  y authenticated by the official has in a foreign language, a translati	in this capacity. I further ag duties, and I am familiar with ry  Name and Address:  Living custody of records in the ion of the certificate under out
8. The name, title or caparity:  Manager  (Use attachments if necessaris):  Attached is a certificate urisdiction under the law of the translator must be sufficiently.	Alex Melvin 4216 Dewitt Ave. Mathoon, It 61938  sary)  of existence, no more than 90 days old, dultof which it is organized. (If the certificate is abmitted)	egistered agent and agree to act and complete performance of my ke Jones, Assistant Secreta sture) have authority to manage is/are: Title or Capacity:  y authenticated by the official has in a foreign language, a translati	in this capacity. I further ag duties, and I am familiar with ry  Name and Address:  Living custody of records in the ion of the certificate under out
8. The name, title or caparity:  Manager  (Use attachments if necessaris):  Attached is a certificate urisdiction under the law of the translator must be sufficiently.	Alex Melvin  4216 Dewith Ave.  Mathoon, It 61938  sary)  of existence, no more than 90 days old, dull of which it is organized. (If the certificate is abmitted)  attending the property of the person	egistered agent and agree to act and complete performance of my ke Jones, Assistant Secreta sture) have authority to manage is/are: Title or Capacity:  y authenticated by the official has in a foreign language, a translati	in this capacity. I further ag duties, and I am familiar with ry  Name and Address:  Living custody of records in the ion of the certificate under out
8. The name, title or caparity:  Manager  (Use attachments if necessaris):  Attached is a certificate urisdiction under the law of the translator must be sufficiently.	Alex Melvin  4216 Dewith Ave.  Mathoon, It 61938  sary)  of existence, no more than 90 days old, dull of which it is organized. (If the certificate is abmitted)  attending the property of the person	y authenticated by the official has in a foreign language, a translation of the felding as provided for in a deep of felding as provided feldi	in this capacity. I further ag duties, and I am familiar with ry  Name and Address:  Living custody of records in the ion of the certificate under out



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

RK TRACTORS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 27, 2016, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 9TH day of NOVEMBER A.D. 2018.

Authentication #: 1831302024 verifiable until 11/09/2019
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE