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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/19

COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **RHLC, LLC**

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:

**Amanda Phillips**

Name of Person

**Anderson Business Advisors**

Firm/Company

**3225 McLeod Drive, Suite 100**

Address

**Las Vegas, Nevada 89121**

City/State and Zip Code

**ra@andersonadvisors.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Amanda Phillips**

Name of Contact Person

at ( **800** )

Area Code

**706-4741**

Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$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

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:

1. RHLC, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
- (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. Wyoming  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. \_\_\_\_\_  
(FEI number, if applicable)
4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 4315 Clairidge Way  
(Street Address of Principal Office)  
Palm Harbor, Florida 34685
6. 4315 Clairidge Way  
(Mailing Address)  
Palm Harbor, Florida 34685

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Anderson Registered Agents, Inc.

Office Address: 1000 North Washington Boulevard  
Sarasota, Florida 34236  
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

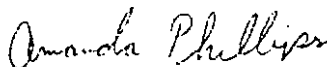
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

| Title or Capacity: | Name and Address:   | Title or Capacity: | Name and Address: |
|--------------------|---|--------------------|-------------------|
| AMBR               | <u>Rick L. Freeman</u><br><u>4315 Clairidge Way</u><br><u>Palm Harbor, Florida 34685</u>    |                    |                   |
| AMBR               | <u>Heather L. Freeman</u><br><u>4315 Clairidge Way</u><br><u>Palm Harbor, Florida 34685</u> |                    |                   |

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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)



Signature of an authorized person

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.

Amanda Phillips

Typed or printed name of signee

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that the filing requirements for the issuances of this certificate have been fulfilled.

### **CERTIFICATE OF CONVERSION**

**RHLC, Limited Partnership., a Wyoming Limited Partnership**

**Converted to**

**RHLC, LLC., a Wyoming Limited Liability Company**

**On September 14, 2018**

I FURTHER CERTIFY that said Limited Liability Company is in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this Monday, December 31, 2018.



Filed Date: 07/17/2018

Edward A. Buchanan  
Secretary of State

By: Bailey Johnson