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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Email Address:__

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 : (855)330-1010 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Foreign Limited Liability Company

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\$125.00

RHSL, LLC

Electronic Filing Menu Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

I. RHSL, LLC		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(Name of Foreign	Limited Liability Company, must include "Limited	I Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting husiness in Flor	eds. The alternate name must monide "Limited List	ulity Company," "L.L.C," or "LLC,")
2 California		_{3.} 83-3140836	
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI memb	er, if applicable)
4			
	(Date first transacted business in Florids, if prior to a (See sections 605 0904 & 605 0905, F.S. to determine	registration.) ne penalty liability)	-100 15
5. 7901 4th St N		6. 7901 4th St N	
(Street Address of I	Principal Office)	(Madena Addr STE 300	1881
St. Petersburg FL	22702	St. Petersburg FL 33	
St. Fetersburg FL	. 33702	St. Fetersburg FL 33	102 01 00 M
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	至 9
Name:	Northwest Registered Agent,	LLC.	RIDA RIDA
Office Address:	7901 4th St N STE 300		ν σ
Office Address:			
	St. Petersburg	, Florida 33702	····
Registered agent's accep		(zap con	-,
	ions of all statutes relative to the proper s of my position as registered agent. Ton Glove		
	(Registered agent's	rignature)	
8. The name, title or capa <u>Title or Capacity:</u>	neity and address of the person(s) who ha <u>Name and Address:</u>	s/have authority to manage is/are: Title or Capacity:	Name and Address:
AMBR	Nicelio Mendez		
	7901 4th St N STE 300		
	St. Petersburg, FL 33702	-	
		- 	
		••	
(Use attachments if neces	sary)		
	of existence, no more than 90 days old, of which it is organized. (If the certificat ubmitted)		
	outed in accordance with section 605.0203 to the Department of State constitutes a th		
	Signature	of an authorized person	
	Morgan Noble	minud name of access	

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: RHSL, LLC

FILE NUMBER:

201901410032

FORMATION DATE:

01/11/2019

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

CALIFORNIA JURISDICTION:

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 14, 2019.

> ALEX PADILLA Secretary of State