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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

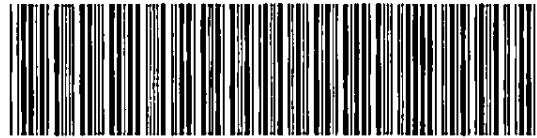
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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05/06/19 - 010/27 018 \$\*130.00

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2019 MAR - 5 PM 10:00

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**JOSHUA O. DORCEY, ESQ.\***  
**MANAGING PARTNER**

MICHAEL A. SCOTT, ESQ.  
JUNIOR PARTNER  
ERICA D. COHEN, ESQ.  
JUNIOR PARTNER  
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February 26, 2019

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**Re: *Rope Bend Holdings, LLC***  
***Certificate of Good Standing***  
***Application by Foreign LLC***

To Whom This May Concern:

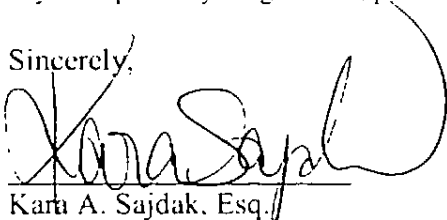
Please find enclosed with this letter an original Certificate of Good Standing from the Wyoming Secretary of State for Rope Bend Holdings, LLC.

Please note, despite our request for the same, the Wyoming Secretary of State does not currently offer certified, embossed or gold stamped Certificates of Status. They have indicated to our office that when the person serving as Secretary of State is replaced with a new officer, all of their embossed certificates are disposed of, and in the interim, the original color documents we have enclosed with this letter serve as the replacements for the embossed documents. I have enclosed our correspondence with their office so that you may view what we requested, and what was received in return. As such, we appreciate your accepting it as an original certificate of status and evidence of the LLC's existence in Wyoming.

In addition, I have enclosed the application by foreign LLC for authorization to transact business in Florida, along with check #5416 totaling \$130.00.

If you require anything further, please contact our office at (239) 418-0169.

Sincerely,

  
Kara A. Sajdak, Esq.

enclosures

FILED  
2019 FEB - 4 PM 10:04

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Rope Bend Holdings, 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:

Michael A. Scott

\_\_\_\_\_  
Name of Person

The Dorcey Law Firm, PLC

\_\_\_\_\_  
Firm/Company

10181-C Six Mile Cypress Pkwy

\_\_\_\_\_  
Address

Fort Myers, FL 33966

\_\_\_\_\_  
City/State and Zip Code

mike@dorceylaw.com

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

For further information concerning this matter, please call:

Michael A. Scott

239

418-0169

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code

\_\_\_\_\_  
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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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. Rope Bend Holdings, 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 3. 83-3391294  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. 10181-C Six Mile Cypress Pkwy 6. 10181- C Six Mile Cypress Pkwy  
(Street Address of Principal Office) (Mailing Address)  
Fort Myers, FL 33966 Fort Myers, FL 33966

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

Name: DLF Registered Agent Service, LLC

Office Address: 10181-C Six Mile Cypress Pkwy

Fort Myers, Florida 33966  
(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.

[Signature]  
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:**                      **Name and Address:**

☒ Manager      Name: Michael A. Scott

☐ Member      Address: \_\_\_\_\_

☐ Authorized      10181-C Six Mile Cypress Pkwy

Fort Myers, FL 33966

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

☒ Manager      Name: Jamie L. Scot

☐ Member      Address: \_\_\_\_\_

☐ Authorized      10181-C Six Mile Cypress Pkwy

Fort Myers, FL 33966

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

                                 \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

                                 \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

                                 \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

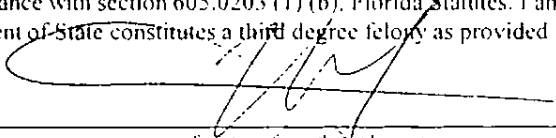
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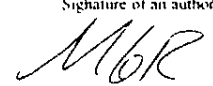
☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

  
\_\_\_\_\_  
Signature of an authorized person

  
\_\_\_\_\_  
Typed or printed name of signee

# State of Wyoming

## *Office of the Secretary of State*



United States of America, } ss.  
State of Wyoming

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office.

**Rope Bend Holdings, LLC**  
is a  
**Limited Liability Company**

Formed or qualified under the laws of Wyoming did on **February 1, 2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned identification number, **2019-000839532**.

This entity is in existence and 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.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Wyoming. Done at Cheyenne, the Capital, this 22<sup>nd</sup> day of February A.D., 2019.



*Edward A. Buchanan*

Secretary of State

By *Rosalie Gonzales*

Rosalie Gonzales