

11/1/2018

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filings

# M1900010642

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : BUSINESS FILINGS  
Account Number : 185256001628  
Phone : (608)827-5300  
Fax Number : (608)827-5301

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

Email Address: kgranberg@emlthandgranberg.com

**Foreign Limited Liability Company  
NHRCT LLC**

Certificate of Status	0
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2019 HRCT - 1 PM 5:00  
 2019 HRCT - 1 PM 4:10

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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. NHRCT LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

If name unacceptable, 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. California 3. 83-3348276 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Upon Qualification (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 361 School Rd, Novato, California 94945

(Street Address of Principal Office)

6. 361 School Rd, Novato, California 94945

(Mailing Address)

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

Name: Business Filings Incorporated Office Address: 1200 South Pine Island Road Plantation, Florida 33324 (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.

Mark Williams, A.V.P., Business Filings Incorporated (Registered agent's signature)

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

Manager: Kenneth Rogers, 361 School Rd, Novato, California 94945

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

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.

Kenneth Rogers, Manager Typed or printed name of signer

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2019 NOV 1 1 PM 5:00

# State of California Secretary of State

## CERTIFICATE OF STATUS

ENTITY NAME: NHRCT LLC

FILE NUMBER: 201902310613  
FORMATION DATE: 01/17/2019  
TYPE: DOMESTIC LIMITED LIABILITY COMPANY  
JURISDICTION: CALIFORNIA  
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.

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ALEX PADILLA



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 24, 2019.

ALEX PADILLA  
Secretary of State