

MI 9000011483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

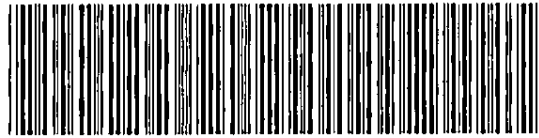
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 DEC -3 PM 2: 22

✓

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 072542 8127360

AUTHORIZATION :

COST LIMIT : \$ 125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ORDER DATE : December 3, 2019

ORDER TIME : 12:43 PM

ORDER NO. : 072542-005

CUSTOMER NO: 8127360

FOREIGN FILINGS

NAME: RKL HOLDINGS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: _____

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. RKL 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. DE
(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 605.0901 & 605.0905, F.S. to determine penalty liability)

5. 3627 FOUNDERS CLUB DR,
(Street Address of Principal Office)

6. 3627 FOUNDERS CLUB DR,
(Mailing Address)

SARASOTA, FLORIDA 34240

SARASOTA, FLORIDA 34240

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

By: Roxanne Turner
(Corporation Service Company)
(Registered agent's signature)

Roxanne Turner
Asst. Vice President

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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: Robert E. Williams

Member Address: 3627 FOUNDERS CLUB DR.
SARASOTA, FLORIDA 34240

Authorized _____
Person _____

Other _____ Other _____

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

Manager Name: Kimberly D. Williams

Member Address: 3627 FOUNDERS CLUB DR.
SARASOTA, FLORIDA 34240

Authorized _____
Person _____

Other _____ Other _____

Manager Name: Laura K. Williams

Member Address: 3627 FOUNDERS CLUB DR.
SARASOTA, FLORIDA 34240

Authorized _____
Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____
Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____
Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____
Person _____

Other _____ Other _____

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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.

/s/ Robert E. Williams

Signature of an authorized person

Robert E. Williams

Typed or printed name of signee

Delaware

The First State


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RKL HOLDINGS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF DECEMBER, A. D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RKL HOLDINGS, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF FEBRUARY, A. D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

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Jeffrey W. Bullock, Secretary of State

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SR# 20198387575

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204118859

Date: 12-03-19