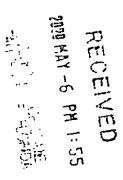
Ma000004315

(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:						

Office Use Only



300344261523





LC AVW

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 280760 7100999

AUTHORIZATION : Travels & Const.

COST LIMIT : (\$'\\155.00

ORDER DATE: May 5, 2020

ORDER TIME : 2:46 PM

ORDER NO. : 280760-025

CUSTOMER NO: 7100999

FOREIGN FILINGS

NAME: RASCO, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER:

COVER LETTER

TO: 'Registration Section Division of Corporations

SUBJECT: RASCO, LLC	
1	Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liabi Existence, and check are submitted to register the ab	lity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this mat	ter to the following:
Jenese Beckstrom	
	Name of Person
Jones Walker LLP	
	Firm/Company
445 North Blvd., Suite 800	
	Address
Baton Rouge, LA 70802	
	City/State and Zip Code
Lamail addrace: 0	o be used for future annual report notification)
For further information concerning this matter, please	·
To tarder unormation concerning this matter, preasi	e Can.
Jenese Beckstrom	at (225) 248-2410
Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount Please make check payable to: FLORIDA 1 ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Certification	DEPARTMENT OF STATE

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 FORESCIN, LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate	name adopted for the purpose of transacting business in Flori	da Ihe	alternate n	arne must me	ude "Limited I.	ability Company,"	···1.1.0;	or 11
Delaware		3.	27-31	20259				
(Jurisdiction under the law of w	(Jurisdiction under the law of which foreign limited liability company is organized)				(FEI number, if applicable)			
	(Date first transacted business in Florida, if prior to reg (See sections 605 0904 & 605 0905, F.S. to determine	istratio penalty	n) liability)					
740 Commerce Drive		6.	2389 E	ast Venic	e Ave.			
rect Address of Principal Office)			/M	ailing Addres	()			
Unit #6			Box 50	1		2.1		
Venice, FL 34292			Venice	FL 34292	,			11
	8 12 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2		vernee,	1 6 0 12 3 2		15 mg		17
Name and street addres	ss of Florida registered agent: (P.O. Box.)	OT:	acceptal	ole)			\triangleright	
							డ్లు ယ	
Name:	Corporation Service Company					Carrier Services	<u>က</u>	
Office Address:	1201 Hays Street							
	Tallahassee			Florida _	32301			
(City)			_	(Zip code)				

ree 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.

> Kadesha Roberson Asst. Vice President

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:	Title or Capacity;		Name and Address:
™Manager	Name: Rodney A. Short	□Manager	Name:	
□Member	Address: 2389 East Venice Ave.	□Member	Address:	
□Authorized	Box 501	□Authorized		
Person	Venice, FL 34292	Person	· · · · · · · · · · · · · · · · · · ·	
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member		
□Authorized		□Authorized		
Person		Person		
□Other		□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized	-	
Person		Person		
□Other	□Other	□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

Rodney A. Short, Manager

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "RASCO, 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 FIFTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RASCO, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF JULY, A.D. 2010.

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

Authentication: 202879651

Date: 05-05-20