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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

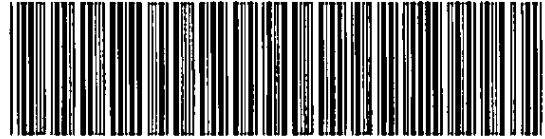
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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NOV 11 2020

Law Offices of
SEAN P. PILLIARD, LLC
112 WEST FOURTH
SEDALIA, MO 65301
PHONE: (660) 829-2008 • FAX: (660) 829-2023

November 5, 2020

SENT VIA UPS
OVERNIGHT

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Ste 810
Tallahassee, FL 32303

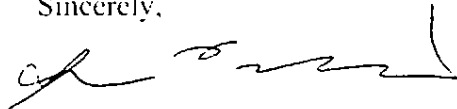
Re: Registering Foreign LLC, RAC-JAC, LLC

Dear Sir or Madam:

Please be find enclosed a Cover Letter, an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida. Also enclosed are certified documents showing this entity registered with the Missouri Secretary of State. Please also find enclosed a check for \$125.00 for the filing fee and designation of registered agent.

If you should have any questions, please do not hesitate to call me.

Sincerely,



Sean P. Pilliard

SPP/cjm
encl.

cc: RAC-JAC, LLC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RAC - JAC, 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:

Russell Childers
Name of Person
RAC - JAC, LLC
Firm/Company
1500 Thompson Blvd.
Address
Sedalia, MO 65301
City/State and Zip Code
russell@racjac.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sean Pilliard at (660) 829-2008
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. RAC-JAC, 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. Missouri 3. 85-3329254
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Not yet conducted
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1500 Thompson Blvd. 6. 1500 Thompson Blvd.
(Street Address of Principal Office) (Mailing Address)
Sedalia MO 65301 Sedalia, MO 65301

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

Name: Jeffrey Arnett
Office Address: 2531 Southwest Estella Terr.
Palm City, Florida 34990
(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)

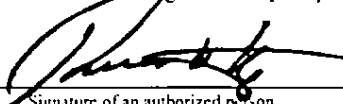
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u> | | <u>Name and Address:</u> | | <u>Title or Capacity:</u> | | <u>Name and Address:</u> | |
|--|----------|--------------------------------|-------|-------------------------------------|----------|--------------------------------|-------|
| <input type="checkbox"/> Manager | Name: | <u>Russell Childers</u> | | <input type="checkbox"/> Manager | Name: | _____ | |
| <input checked="" type="checkbox"/> Member | Address: | <u>1500 Thompson Blvd.</u> | | <input type="checkbox"/> Member | Address: | _____ | |
| <input type="checkbox"/> Authorized | | <u>Sedalia MO 65301</u> | | <input type="checkbox"/> Authorized | | _____ | |
| Person | | _____ | | Person | | _____ | |
| <input type="checkbox"/> Other | _____ | <input type="checkbox"/> Other | _____ | <input type="checkbox"/> Other | _____ | <input type="checkbox"/> Other | _____ |
| | | | | | | | |
| <input type="checkbox"/> Manager | Name: | _____ | | <input type="checkbox"/> Manager | Name: | _____ | |
| <input type="checkbox"/> Member | Address: | _____ | | <input type="checkbox"/> Member | Address: | _____ | |
| <input type="checkbox"/> Authorized | | _____ | | <input type="checkbox"/> Authorized | | _____ | |
| Person | | _____ | | Person | | _____ | |
| <input type="checkbox"/> Other | _____ | <input type="checkbox"/> Other | _____ | <input type="checkbox"/> Other | _____ | <input type="checkbox"/> Other | _____ |
| | | | | | | | |
| <input type="checkbox"/> Manager | Name: | _____ | | <input type="checkbox"/> Manager | Name: | _____ | |
| <input type="checkbox"/> Member | Address: | _____ | | <input type="checkbox"/> Member | Address: | _____ | |
| <input type="checkbox"/> Authorized | | _____ | | <input type="checkbox"/> Authorized | | _____ | |
| Person | | _____ | | Person | | _____ | |
| <input type="checkbox"/> Other | _____ | <input type="checkbox"/> Other | _____ | <input type="checkbox"/> Other | _____ | <input type="checkbox"/> 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
Russell Childers

Typed or printed name of signer

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION CERTIFICATE OF CORPORATE RECORDS

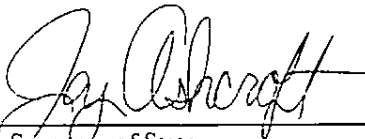
RAC-JAC, LLC

LC1735174

I, John R. Ashcroft, Secretary of State of the State of Missouri and Keeper of the Great Seal thereof, do hereby certify that the annexed pages contain a full, true and complete copy of the original documents on file and of record in this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri.

Done at the City of Jefferson, the 11/03/2020


Secretary of State

Certification Number: CERT-IN33862





State of Missouri
John R. Ashcroft Secretary of State

Corporations Division
PO Box 778 / 600 W.Main St., Rm. 322
Jefferson City, MO 65102

Articles of Organization

Reference Number SR138777

Receipt Number TR391874

1. The name of the limited liability company is: RAC-JAC, LLC

2. The purpose(s) for which the limited liability company is organized:

Any lawful business purpose

3. The name and address of the limited liability company's registered agent in Missouri is:

Name Russell Childers

Address 1500 Thompson Blvd., Sedalia, Missouri, 65301, United States

4. The address of its principal place of business is:

1500 Thompson Blvd., Sedalia, Missouri, 65301, United States

5. The management of the limited liability company is vested in:

Member

6. The effective date of this document is the date it is filed by the Secretary of State of Missouri unless a future date is otherwise indicated:

10/2/2020

7. The events, if any, on which the limited liability company is to dissolve or the number of years the limited liability company is to continue, which may be any number or perpetual:

Perpetual

8. The name(s) and street address(es) of each organizer:

Name Russell Childers

Address 1500 Thompson Blvd., Sedalia, Missouri, 65301, United States

In Affirmation thereof, the facts stated above are true and correct:

The undersigned believes the statements presented in this filing are true and correct to the best of their knowledge and belief, they are subject to the penalties provided under section 575.040 RSMo. for making a false declaration under Section 575.060 RSMo

The undersigned agrees and represents that he/she is authorized to execute this document

Name Russell Childers

Title Organizer

Date 10/02/2020

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CERTIFICATE OF ORGANIZATION

WHEREAS,

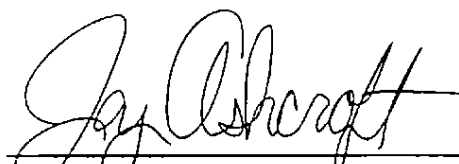
RAC-JAC, LLC
LC1735174

filed its Articles of Organization with this office on the 2nd day of October, 2020, and that filing was found to conform to the Missouri Limited Liability Company Act.

NOW, THEREFORE, I, John R. Ashcroft, Secretary of State of the State of Missouri, do by virtue of the authority vested in me by law, do certify and declare that on 2nd day of October, 2020, the above entity is a Limited Liability Company, organized in this state and entitled to any rights granted to Limited Liability Companies.

Effective Date: October 2, 2020

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, the 2nd day of October, 2020.


Secretary of State

