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(Requestor's Name)
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3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	ate:	05/21/20	021	anic DW
	_	Acc#120	160000072	an: Com
Name:	1840 Rii	nehart Rd, LL0		
Document #:				
Order #:	1369123	0		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:		Country of Number o	Destination:	
Availability	Plair		00	
Examiner Updater Verifier W.P. Verifier Ref#		That	nk you!)	

COVER LETTER

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TO:	Registration Section Division of Corporations		
SUBJEC	1840 Rinehart Rd. LLC		
50,120,170	Name	of Limited Liability Company	
The encl Existence	losed "Application by Foreign Limited Liability Coe, and check are submitted to register the above re	ompany for Authorization to Transact Business in Florida." Certificate of eferenced foreign limited liability company to transact business in Florida	
Please re	eturn all correspondence concerning this matter to	the following:	
	Dugan Kelley		
		Name of Person	
	Kelley Clarke	•	
		Firm/Company	
	603 East Broadway Street		
		Address	
	Prosper, TX 75079		
	Ci	ty/State and Zip Code	
	dugan@kelleyclarke.com		
	E-mail address: (to be	used for future annual report notification)	
For furt	her information concerning this matter, please call	l :	
	Dugan Kelley	972 253-4440 at ()	
	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 DEP \$125.00 Filing Fee \$130.00 Filing Fee Certificate o	e & 12 \$155.00 Filing Fee & 13 \$160.00 Filing Fee, Certificate	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE 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:

ame unavailable, enter alternate r	same adopted for the purpose of transacting business in I	florida. The alternate name must include "Elimited Liability Compa	any," "L. I. C." or "L.L.	
Delaware		3		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3(FEI number, if applicat	olej	
May 20, 2021				
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	o registration) nine penulty hability)		
1840 Rinehart Road		1840 Rinehart Road		
t Address of Principal Office)		6. (Mailing Address)		
Sanford, FL		Sanford, FL		
32771		32771		
Name and street addres	s of Florida registered agent: (P.O. Bo	x NOT acceptable)	2021	
	es of Florida registered agent: (P.O. Bo C T Corporation System	x NOT acceptable)	7021 MAY 21	
Name and <u>street addres</u> Name: Office Address:		x NOT acceptable)	2021 MAY 21 PM 4	
Name:	C T Corporation System 1200 South Pine Island Road Plantation	33324	2021 MAY 21 PM 4: 04	
Name:	C T Corporation System 1200 South Pine Island Road	33324	2021 MAY 21 PM 4: 04	

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: Omar Khan	Manager	Name: Sam Bates			
□Member	Address: 13871 CR 1567	□Member	Address:			
□Authorized	ADA, Oklahoma	□Authorized	Ada, Oklahoma			
Person	7-1820	Person	7.4820			
□Other	Other	□Other	Other			
□lManager	Name:	□Manager	Name:			
□lMember	Address:	□Member	Address:			
□ Authorized		□Authorized				
Person		Person				
□Other	Other	□Other	Other			
ClManager	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.						
/s/Tessa Hopkins Signature of an authorized person						
	Tessa Hopkins	· · · · · · · · · · · · · · · · · · ·				
	TJ	winted name of ciones				

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "1840 RINEHART RD, 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 TWENTY-FIRST DAY OF MAY, A.D. 2021.

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

Authentication: 203259027

Date: 05-21-21