

M21000007313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

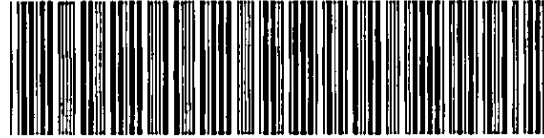
(Document Number)

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Special Instructions to Filing Officer:

Permission  
granted by Kelly Luce  
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6-15-21 Mel Solomon

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2021 JUN 15 AM 9:57  
CLERK OF STATE  
TALLAHASSEE FLORIDA

FILED

JUN 15 2021

M. SOLOMON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RJ Development, L.L.C.

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:

Kelly Luce

Name of Person

Firm/Company

600 Overriver Dr

Address

North Fort Myers Fl 33903

City/State and Zip Code

kellvaluce@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly Luce

Name of Contact Person

at ( 607 )

Area Code

343-0969

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

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2021 JUN 15 AM 9:57  
TALLAHASSEE, FLORIDA  
CLERK OF THE CIRCUIT COURT

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

R.I. Development01, L.L.C.  
(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. New York 3. 16-1558215  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 600 Overiver DR 6. 600 Overiver Dr  
(Street Address of Principal Office) (Mailing Address)

North Ft Myers Fl 33903 North Ft Myers Fl 33903

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

Name: Kelly Luce

Office Address: 600 Overiver dR

North Ft Myers Fl , Florida 33903  
(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.

Kelly Luce  
(Registered agent's signature)

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CLERK OF STATE  
TALLAHASSEE, FL 32304

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>Kelly Luce</u>	<input type="checkbox"/> Manager	Name: <u>Rusty Luce</u>
<input checked="" type="checkbox"/> Member	Address: <u>600 Overriver Dr</u>	<input checked="" type="checkbox"/> Member	Address: <u>600 Overriver DR</u>
<input type="checkbox"/> Authorized	<u>North Ft Myers Fl 33903</u>	<input type="checkbox"/> Authorized	<u>North Ft Myers Fl 33903</u>
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 _____

2021 JUN 15 AM 9:57  
OFFICE OF THE  
CLERK OF THE  
FLORIDA  
DEPARTMENT OF  
STATE

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.

Kelly Luce  
Signature of an authorized person

Kelly Luce  
Typed or printed name of signee

# State of New York Department of State } ss:

*I hereby certify, that RJ DEVELOPMENT, L.L.C. a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/01/1998, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:*

*An Affidavit of Publication of RJ DEVELOPMENT, L.L.C. was filed on 10/30/1998.*

*An Affidavit of Publication of RJ DEVELOPMENT, L.L.C. was filed on 10/30/1998.*

*A Biennial Statement was filed 07/18/2000.*

*A Biennial Statement was filed 06/27/2002.*

*A Biennial Statement was filed 07/09/2004.*

*A Biennial Statement was filed 06/21/2006.*

*A Biennial Statement was filed 07/15/2008.*

*A Biennial Statement was filed 07/16/2010.*

*A Biennial Statement was filed 08/08/2012.*

*A Biennial Statement was filed 07/23/2014.*

*A Biennial Statement was filed 07/12/2016.*

*A Biennial Statement was filed 07/03/2018.*

*A Biennial Statement was filed 07/09/2020.*

*I further certify, that no other documents have been filed by such Limited Liability Company.*

\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 07th day of May  
two thousand and twenty-one.*



*Brendan C. Hughes*

Brendan C. Hughes  
Executive Deputy Secretary of State



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 11, 2021

KELLY LUCE  
600 OVERRIVER DR  
NORTH FORT MYERS, FL 33903

SUBJECT: RJ DEVELOPMENT01, L.L.C.  
Ref. Number: W21000085752

We have received your document for RJ DEVELOPMENT01, L.L.C. and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please remove the "." between R and J. Name has to read as exact as on the Certificate of Good Standing. Please select a title for Rusty Luce. Please confirm address on the application as "Overriver",

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon  
Senior Section Administrator

Letter Number: 021A00013040

*Rec'd 6/15/21*