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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					
Special Instructions to Filing Officer:					

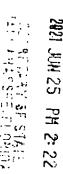
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JUN 25 2021 M. SOLOMON

COVER LETTER

Registration Section Division of Corporations

TO:

_	Nam	e of Limited Liability Company		
The enclosed " Existence, and	'Application by Foreign Limited Liability check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida		
Please return a	all correspondence concerning this matter t	o the following:		
	FRED S. RAZOOK, JR.			
		Name of Person		
	RCH CAPITAL, LLC			
	<u> </u>	Firm/Company		
425 22ND AVE N, SUITE A				
Address				
ST. PETERSBURG, FL 33704				
		City/State and Zip Code		
	FredRazook@reheapital.com			
	E-mail address: (to b	e used for future annual report notification)		
For further inf	formation concerning this matter, please co	dl:		
PET	E JORDAN	727 \$21-6000		
	Name of Contact Person	at () Area Code Daytime Telephone Number		
Reg Div P.O	istration Section ision of Corporations . Box 6327 lahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Pleas	osed is a check for the following amount: se make check payable to: FLORIDA DE 125.00 Filing Fee \$130.00 Filing F Certificate	ee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate		

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L. RCH/KCP 2021 FUND					
(Name of Foreign	Limited Liability Company, must include "Limited	Luability Company," "L.E.C.," or "LEC")			
If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited Liability Co	ompany," "L.L.C." or "L.L.C.")		
DELAWARE		N/A 3.			
(Jurisdiction under the law of which foreign himsed hability company is organized)		3(FEI number, if applicable)			
4.					
	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determin	egistration) ne penalty liability)			
425 22ND AVE N, SU	IITE A	425 22ND AVE N, SUITE A 6.			
Street Address of Principal Office)		6. (Mailing Address)			
ST. PETERSBURG, FL 33704		ST. PETERSBURG, FL 33704			

	<u> </u>				
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	283		
Name:	FRED S. RAZOOK, JR.		28 JUN 25		
Office Address:	425 22ND AVEN N. SUITE A		PH 2: 2		
	ST. PETERSBURG	33704 Florida	% 22 % 22		
	(Cus)	(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.

(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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: FRED S. RAZOOK, JR	■Manager	Name: RYAN S. RAZOOK
□Member	Address: 425 22ND AVE N, SUITE A	□Member	Address: 425 22ND AVE N, SUITE A
□Authorized	ST. PETERSBURG, FL. 33704	□Authorized	ST. PETERSBURG, FL 33704
Person		Person	
Other	□Other	□Other	Other
□Manager	Name: PETER C. JORDAN	□Manager	Name:
□Member	Address: 425 22ND AVE N, SUITE A	□Member	Address:
Authorized	ST. PETERSBURG, FL 33704	□Authorized	
Person		Person	
Other	Other	Other	Other
			2821
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	27 N: 22
□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 abilionized person

FRED S. RAZOOK, JR.



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

DELAWARE, DO HEREBY CERTIFY "RCH/KCP 2021 FUND, 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 FOURTEENTH DAY OF JUNE, A.D. 2021.

Authentication: 203443761

Date: 06-14-21



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 8, 2021

FRED S. RAZOOK, JR. RCH CAPITAL, LLC 425 22ND AVE N, SUITE A ST. PETERSBURG, FL 33704

SUBJECT: RCH/KCP 2021 FUND, LLC

Ref. Number: W21000082950

We have received your document for RCH/KCP 2021 FUND, LLC and check(s) totaling \$1138.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

Mel Solomon Senior Section Administrator

Letter Number: 921A00012465

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