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2021 SEP 16 #H 1: 27

SEP 20 2021 M. SOLOMON

## **COVER LETTER**

TO:

**Registration Section** 

Div	ision of Corporations				
SUBJECT:	RPI RENTALS LLC  Name of Limited Liability Company				
0000001.					
		ty Company for Authorization to Transact Business in Florida," Certificate of we referenced foreign limited liability company to transact business in Florida			
Please return	all correspondence concerning this matte	r to the following:			
	JOHN LEE				
		Name of Person			
	RPI RENTALS LLC				
	Firnt/Company				
	TWO METROPLEX DRIVE, STE 400				
	Address				
	BIRMINGHAM, AL 35209				
		City/State and Zip Code			
	JLEE@HOAR.COM				
	E-mail address: (to	be used for future annual report notification)			
For further in	nformation concerning this matter, please	call:			
CA	RY THOMAS	205 423-2292 at ( )			
<del></del>	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			
Plea	losed is a check for the following amount: ase make check payable to: FLORIDA DI \$125.00 Filing Fee	EPARTMENT OF STATE			

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

IN COMPILANCE WITH SECTION 605.0002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN ALMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting business in Fi	orida. The alternate name must include "Limited	d Liability Company," "L.L.C," or "L	
DELAWARE		87-1441132		
(Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI number, if applicable)		
OCTOBER 1, 2021				
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration ) ne penalty liability)		
TWO METROPLEX D		TWO METROPLEX DR		
eet Address of Principal Office)		6. (Mailing Address)		
BIRMINGHAM, AL 35209		BIRMINGHAM, AL 35209		
			<del>-</del> ;	
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)		
Name:	CT CORPORATION SYSTEM		TANK OF STA	
Office Address:	1200 SOUTH PINE ISLAND ROAD		Siad Sim	
	PLANTATION	33324 , Florida		
	(City)	(Zip code	<u> </u>	

## 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.

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:	<u>Title or Capacity:</u>	Name and Address:		
□Manager	Name: HOAR HOLDINGS LLC	□Manager	Name: CARY THOMAS		
■Member	Address: TWO METROPLEX DRIVE	□Member	Address:TWO METROPLEX DRIVE		
□Authorized	SUITE 400	Authorized	SUITE 400		
Person	BIRMINGHAM, AL 35209		BIRMINGHAM, AL 35209		
□Other	Other	Other	Other		
□Manager	Name: SOUTHEASTERN BUILDERS	■Manager	Name: RANDALL CURTIS		
■Member	Address: TWO METORPLEX DRIVE	□Member	Address: TWO METROPLEX DRIVE		
□Authorized	SUITE 400	□Authorized	SUITE 400		
Person	BIRMINGHAM, AL 35209	Person	BIRMINGHAM, AL 35209		
□Other	Other	□Other	Other		
■Manager	Name:	□Manager	Name:		
□Member	Address: TWO METROPLEX DRIVE	□Member	Address:		
□Authorized	SUITE 400	□Authorized			
Person	BIRMINGHAM, AL 35209	Person	1 S 1: C		
□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

JEREMY M. DIPIAZZA, EVP, CFO

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "RPI RENTALS 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 THIRD DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RPI RENTALS LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JUNE, A.D. 2021.

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

Authentication: 204080417

Date: 09-03-21