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SECRETARY OF STATE

#### **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJ	Citrus Capital, LLC				
	Nar	me of Limited Liability Company			
The er Existe	nclosed "Application by Foreign Limited Liability ence, and check are submitted to register the above	y Company for Authorization to Transact Business in Florida." Certificate of referenced foreign limited liability company to transact business in Florid			
Please	return all correspondence concerning this matter	to the following:			
	Michael Hooper				
		Name of Person			
	Rentthebay.com				
	Firm/Company				
	PO Box 714				
	Address				
	Tampa, FL 33601				
		City/State and Zip Code			
	mike@rentthebay.com				
	E-mail address: (to	be used for future annual report notification)			
For fu	orther information concerning this matter, please c	all:			
	Michael Hooper	813 468-0880 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 DE  \$\mathbb{E}\$ \$125.00 Filing Fee  \$\mathbb{D}\$ \$130.00 Filing F  Certificate	PARTMENT OF STATE  Fee &  S155.00 Filing Fee &  S160.00 Filing Fee, Certificate			

## 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. Citrus Capital, LLC					_
(Name of Foreign Citrus Capital MO, LLC	Limited Liability Company; must include "Limite	d Liability Comp	any," "L.L.C.," or "LLC.")		
	name adopted for the purpose of transacting business in FI	orida. The alternate	name must include "Limited Liabi	lity Company," "L.L.C," ot "	LLC.")
MO 2. (Jurisdiction under the law of w	thich foreign limited liability company is organized)	3	86-28738	7 7	-
01/01/2022 4.					
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) ine penalty liability			
3321 Henderson Blvd 5. (Street Address of Principal Office)			OX 714 Mailing Address)		-
Tampa, FL 33609			a. FL 33601	SECTOL TALL	. TI
				AHASSE	
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT_accepta	able)	AM 10: 12  OF STATE E. FLORIDA	
Name:	Gibbons Newman		-	OA OA	
Office Address:	3321 Henderson Blvd		-		
	Tampa		33609 Florida		
	(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.

(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]:

☐Member         Address:         PO Box 714         ☐Member         Address:         ☐Other         ☐Other <td< th=""><th>Title or Capacity:</th><th>Name and Address:</th><th>Title or Capacity:</th><th>Name and Address:</th></td<>	Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Dauthorized   Tampa, FL 33601   Dauthorized   Tampa, FL 33601     Person   Person   Dother   Dother   Dother     Manager   Name: Royce Redding   Manager   Name:   Member   Address:     Dauthorized   Dauthorized   Dauthorized   Person   Dother   Dother   Dother     Manager   Name:   Manager   Name:   Dother   Dother     Manager   Name:   Manager   Name:     Manager   Name:   Manager   Name:     Member   Address:   Member   Address:     Authorized   Dauthorized     Person   Person   Person     Person   Person   Person   Person     Person	■Manager	Name: Carson Buckman	■Manager	Name: Derek Magers
Authorized	□Member	Address: PO Box 714	□Member	Address: PO Box 714
□Other □Other □Other   ■ Manager Name: □Other   □Member Address: PO Box 714   □Authorized □Authorized   Person Person   □Other □Other □Other   □Manager Name: □Other   □Manager Name: □Manager   □Member Address: □Member   □Authorized □Authorized   Person Person	□Authorized	Tampa, FL 33601	□Authorized	Tampa, FL 33601
Manager Name: Royce Redding   Manager Name:   Manager   Manager	Person		Person	
□ Member Address: □ Member Address: □ Address:   □ Authorized □ Authorized   Person □ Person □ Other □ Other □ Other □ Other   □ Manager Name: □ Member Address: □ Member Address: □ Authorized   □ Authorized □ Person □ Person □ Person	Other	Other	□Other	□Other
Authorized         Tampa, FL 33601	■Manager	Name: Royce Redding	□Manager	Name:
Person Person  Other_ Other_ Other_ Other_ Other_ Other_ Address:  Member Address: Member Address: Address: Person Person Person	□Member	Address: PO Box 714	□Member	Address:
□Other	□Authorized		□Authorized	
□Manager         Name:	Person		Person	
□ Member Address:   □ Authorized □ Authorized   Person Person	Other	Other	□Other	Other
Person Person	□Manager	Name:	□Manager	Name:
PersonPerson	□Member	Address:	□Member	Address:
	□Authorized		□Authorized	
□Other □Other □Other □Other	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.

Signature of an authorized person

Michael Hooper

Typed or printed name of signee

STATE OF MISSOUR



### John R. Ashcroft Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

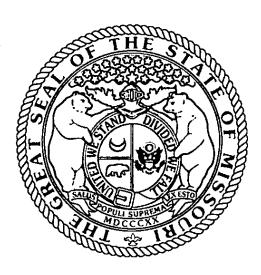
Citrus Capital, LLC LC1773930

was created under the laws of this State on the 26th day of March, 2021, and is active, having fully complied with all requirements of 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, this 20th day of January, 2022.

Secretary of State

Certification Number: CERT-01202022-0034



Date of this notice: 03-26-2021

Employer Identification Number:

86-2873877

Form: SS-4

03/15/2022

Number of this notice: CP 575 B

CITRUS CAPITAL LLC CARSON BUCKMAN MBR 4319 S NATIONAL AVE NUM 276 SPRINGFIELD, MO 65810

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 86-2873877. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.