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(Address)
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(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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,	ACCESS, When you need ACCESS to the world INC. 236 East 6th Avenue. Tallahassee. Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666			303
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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:

RLG Services, LLC

GRL Services, LLC					
f'name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Fle	nda. The alte	mate name must include "Limited Liability Compa	ny," "L.L.C," or "LLC."	
Washington		3.	84-5040915		
(Jurisdiction under the law of which foreign limited liability company is arganized)			(Fist number, if applicable)		
·	(Date first transacted business in Florida, if prior to (See sections 605 (904 & 605 (905, F.S. to determ				
	(See sections 605 0904 & 605 0905, F.S. to determ	ine penalty ha	bility)		
100 Barefoot Williams	100 Barefoot Williams Rd., Unit 141 (Street Address of Principal Office)		100 Barefoot Williams Rd., Unit 141		
(Street Address of F	Principal Office)	-	(Mailing Address)		
Naples, FL 34113		1	aples, FL 34113		
		_		2011	
Name and street addres	s of Florida registered agent: (P.O. Box	– <u>NOT</u> ac	ceptable)	. 21	
Name:	Registered Agent Solutions, Inc.			÷	
Office Address:	155 Office Plaza Dr., Suite A			~	
	Tallahassee		32301 , Florida		
	(6 [°] t(8))		(Zin 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.

Mon The

(Registered agent's signature) Matthew Knee, Assistant Secretary

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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:	Manager	Name:	
Member	Address:	Member	Address:	
Authorized	Naples, FL 34113	Authorized		
Person		Person		
Other	Other	Other		Other
Manager	Name: Rick George	🗋 Manager	Name:	
Member	100 Barefoot Williams Rd., Unit 141 Address:	Member	Address:	<u></u>
Authorized	Naples, FL 34113	Authorized		
Person		Person		
Other	Other	Other		Other
				1311
Manager	Name:	🔲 Manager	Name:	
Member	Address:	Member	Address:	, ·
Authorized		Authorized		ت-
Person		Person		
Other	Other	Other		Other ?

<u>Important Notice:</u> Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

Rid W= hogy		
	Signanere of an authorized person	
Rick George, Member		

Typed or printed name of sumer-

