

# M23000002073

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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 FEB -5 PM 1:15

S. ROBERTS

FEB 16 2023

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** River Crossing, LLC

\_\_\_\_\_  
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:

Kristi Laber

\_\_\_\_\_  
Name of Person

Cadwell Sanford Deibert & Garry LLP

\_\_\_\_\_  
Firm/Company

200 E. 10th Street, Suite 200

\_\_\_\_\_  
Address

Sioux Falls, SD 57104

\_\_\_\_\_  
City/State and Zip Code

klaber@cadlaw.com

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

For further information concerning this matter, please call:

Kristi Laber

605 336-0828  
at ( )

\_\_\_\_\_  
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

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

**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. River Crossing, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

River Crossing SD, LLC

(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. South Dakota 3. 20-1551587  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Have not transacted business. Will transact business once registered.  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 200 Blanding Blvd. 6. 2571 S. Westlake Drive, Suite 100  
(Street Address of Principal Office) (Mailing Address)  
Orange Park, FL 32073 Sioux Falls, SD 57106

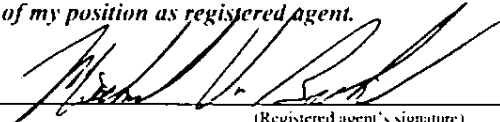
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Michael Van Buskirk  
Office Address: 200 Blanding Blvd.  
Orange Park 32073  
(City) , Florida (Zip code)

2023 FEB - 3 PM 1:15

**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)

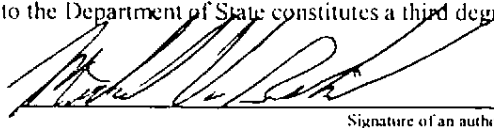
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>VBC, Inc.</u>	<input type="checkbox"/> Manager	Name: <u>Michael Van Buskirk</u>
<input type="checkbox"/> Member	Address: <u>2571 S. Westlake Drive</u>	<input type="checkbox"/> Member	Address: <u>2571 S. Westlake Drive</u>
<input type="checkbox"/> Authorized	<u>Suite 100</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 100</u>
Person	<u>Sioux Falls, SD 57104</u>	Person	<u>Sioux Falls, SD 57104</u>
<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 _____

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 Van Buskirk

\_\_\_\_\_  
Typed or printed name of signer

# State of South Dakota

Office of the Secretary of State

## Certificate of Good Standing

Domestic Limited Liability Company

I, **Monae L. Johnson**, Secretary of State of the State of South Dakota, hereby certify that

**RIVER CROSSING, LLC**

Business ID: DL007828

was authorized to transact business in this state on: August 27, 2004.

I, further certify that **RIVER CROSSING, LLC** has complied with the laws of this State relative to the formation of Certificate of Good Standing/Authorizations of its kind and is now regularly and properly organized and existing under the laws of this State and is in Good Standing, as shown by the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of its financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and caused to be  
affixed the Great Seal of the State of South  
Dakota, in Pierre, the Capital City, this day,  
January 25, 2023.

**Monae L. Johnson**  
Secretary of State

01/25/2023 3:13 PM

Verification #: 016275121