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(Address)

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S. ROBERTS

MAR - 3 2023

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Rharrison 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:

Robert Hord
Name of Person

Firm/Company

8345 Old Town Dr
Address

Tampa, Florida 33647
City/State and Zip Code

rhhord@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Hord at (518) 207-5665
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. Kharrison LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company", "L.L.C." or "LLC")

2. _____
(Date of formation; must be prior to date authorized to do business in Florida. The effective date must include "Limited Liability Company", "L.L.C." or "LLC")

3. New York
(State or country under the law of which the foreign limited liability company is organized)

4. 20-356 2722
(FEI number, if applicable)

5. _____
(Street address and mailing address of principal office)

6. 9345 old town Dr
(Street address)

7. 9345 old town Dr
(Mailing address)

Tampa, Florida
33647

Tampa, Florida
33647

2011 ... 3:46

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

Name: Robert Hood

Office Address: 9345 old Town Dr

Tampa, Florida, Florida 33647

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 Robert Hord	☐ Manager	Name
☐ Member	Address 8848 Old Town Dr	☐ Member	Address
☐ Authorized	Tampa, FL 33647	☐ Authorized	
☐ Person		☐ Person	
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name	☐ Manager	Name
☐ Member	Address	☐ Member	Address
☐ Authorized		☐ Authorized	
☐ Person		☐ Person	
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name	☐ Manager	Name
☐ Member	Address	☐ Member	Address
☐ Authorized		☐ Authorized	
☐ 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

Robert Hord

Typed or printed name of person

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	R. HARRISON LLC
DOS ID Number:	3254894
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	09/12/2005
Statement Status:	CURRENT
Statement Due Date:	09/30/2023

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on February 27, 2023 at 03:06 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes
Executive Deputy Secretary of State

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