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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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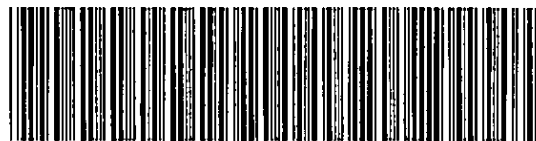
(Business Entity Name)

(Document Number)

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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

rhord@gmail.com

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

For further information concerning this matter, please call:

Robert Hord

518

207-5665

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 605.042, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MAHARRISON LLC
(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," or "L.L.C.")

2. New York (State or country where located for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2025-11-11
(Date of filing of this application with the Florida Department of Banking and Finance)

21-356 2722
(FIC number, if applicable)

3. 6345 Old Town Dr.
(Principal office address in Florida of person or persons to whom notices may be delivered for the purpose of transacting business in Florida)

6345 Old Town Dr.
(Mailing Address)

Tampa, Florida
33647

Tampa, Florida
33647

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

Name Robert Heard

Office Address 6345 Old Town Dr.

Tampa, Florida 33647
(City and State) (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.

ROBERT HEARD
(Signature of Registered Agent)
Registered Agent

2025-11-11 3:46

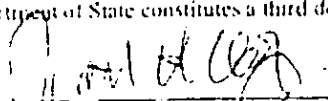
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
☒ Manager	Name	Robert Hord		☐ Manager	Name		
☐ Member	Address	8348 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 (203 (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

 Title or Capacity of officer

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



Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

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Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>