# M2300004436

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Conflict Contra	C - 4'E'				
Certified Copies Certificates of Status					
Special Instructions to I	Filing Officer:				

Office Use Only



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7072 TO 21 PM 3:1-5

S. ROBERTS

APR - 6 2023

# **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJEC	ECT: RST Southern Pacifi Name of Limited L	C_LC iability Company		
	nclosed "Application by Foreign Limited Liability Company for a nce, and check are submitted to register the above referenced for			
Please re	return all correspondence concerning this matter to the following	z:		
	Ann Marie Palla	N		
	Name of Po			
Firm/Company				
	2019 Harbon Hills !	Drive		
	Addres	3		
	2019 Hanber Hills 1 Addres Dandwidge, TN City/State and 7	31725		
	gennamarie ni x	e annual report notification)		
		e annual report notification)		
For furth	rther information concerning this matter, please call:			
	Genna Nixon al C	146, 3064500		
	Name of Contact Person Ar	ea Code Daytime Telephone Number		
	Mailing Address: Street A			
		ation Section		
	•	on of Corporations entre of Tallahassee		
		I. Monroe Street, Suite 810		
	•	assee, FL 32303		
	Enclosed is a check for the following amount:  Please make check payable to: <b>FLORIDA DEPARTMENT</b> \$125.00 Filing Fee \$130.00 Filing Fee \$ \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$	OF STATE  55.00 Filing Fee & \$160.00 Filing Fee, Certificate  Certified Copy of Status & Certified Copy		

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

COMPANYTO TRANSACT	BUNNESS IN THE STATE OF FLORIDA:	E FOLLOWING IS SUBMITTED TO REGISTER	
1	RST Souther	IN Pacific, LLC nited Liability Company," "L.L.C.," or "L.L.C.,"	<u> </u>
(Name of Force	gn Limited Liability Company, must include "Lin	nited Liability Company," "L.L.C.," or "LLC.")	
If name unavailable, enter atterns	the name adopted for the purpose of transacting business	in Florida. The alternate name must include "Limited Liabil	htty Company " "L.L.C." or "L.L.C.")
18	\	_ ,	
(Jurisdiction under the law o	V of which foreign limited liability company is organized)	3. 88-06479 (FEI manuber,	( spplicable)
4	(Date first transacted business in Florida, if prio (See sections 605.0904 & 605.0905, F.S. to des	r to registration.)	<u> </u>
00.0			
5. 2019 Ha Street Address of Principal Offic	nbor Hills br.	6. 209 Harber	HALLS Dr.
Danday	doe ml	Dandridge	Tn/
www	dge, TN	navoruage	. ///
•	31725	37	125 =
			7.13
7. Name and street add	ress of Florida registered agent: (P.O. B	ox NOT acceptable)	
	Cla PH		
Name:	Shawn E. H	<u>gnes</u>	•
Office Address	- 0 54 15	0	<i>↔</i>
		•	رن د
	1ampa	Florida 336	<u>0</u> Ce
Registered agent's acc	<b>,</b>	(1 <del>10 toos)</del>	
Having been named as	registered agent and to accept service of	of process for the above stated limited lia	bility company at the place
o comply with the prov	isions of all statutes relative to the prop	t as registered agent and agree to act in t per and complete performance of my duti	this capacity. I further agree ies, and I am familiar with
und accept the obligation	ons of my position as registered agent.		
	/4/1/hu		
	(Registered ages	n's argnaturo)	<del></del>

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: Title or Capacity: Name and Address: Name and Address: ⊠Manager □Manager Name: \_\_\_\_\_ □Member □Member Address: □Authorized □ Authorized Person Person □Other □Other □Other\_\_\_\_ □Other\_\_\_\_ **M**anager □Manager Name: □Member □Member Address: □ Authorized ☐ Authorized 4. NY 100.21 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. 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 felowy as provided for in s.817.155, F.S. Signature of an authorized person



# Division of Business Services **Department of State**

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

## RST SOUTHERN PACIFIC LLC

ATTN: ANN MARIE PALLAN 2019 HARBOR HILLS DR DANDRIDGE TN 37725

March 9, 2023

Request Type: Certificate of Existence/Authorization

Request #:

0519959

Issuance Date: 03/09/2023

Copies Requested:

**Document Receipt** 

Receipt #: 007882943

Filing Fee:

\$20.00

Payment-Check/MO - KILEY KILEY & KILEY PLLC, LAKE SUCCESS, NY

\$20.00

Regarding:

RST Southern Pacific, LLC

Filing Type:

Limited Liability Company - Domestic

Control #:

1282377

Formation/Qualification Date: 02/11/2022

Date Formed:

02/11/2022

Status:

Active

Formation Locale: TENNESSEE

Duration Term:

Inactive Date:

Perpetual

Business County: JEFFERSON COUNTY

### CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

# RST Southern Pacific, LLC

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Tiffany Washington

Verification #: 059334835