

MZ3000005889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

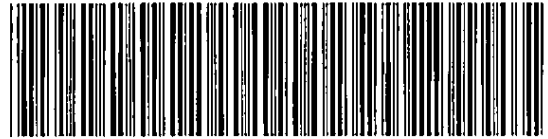
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

wa3000045979

Office Use Only



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03/13/23--01037--028 **150.00

2023 MAY -6 PM 2:38

RECEIVED
MAY 6 2023

MAY 06 2023
K. Brumley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 5, 2023

DEREK RHODES
1705 MARRIOTT LANE
BARNHART, MO 63012

SUBJECT: RVF PROPERTIES, LLC
Ref. Number: W23000045979

We have received your document for RVF PROPERTIES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott
Supervisor

Letter Number: 123A00007709

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RVFProperties, 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:

Derek Rhodes

Name of Person

RVFProperties, LLC

Firm/Company

1705 Marriott Lane, PO Box 127

Address

Barnhart, MO 63012

City/State and Zip Code

derek@rvflimited.com

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

For further information concerning this matter, please call:

Derek Rhodes

724

354-2941

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

Rhodes Valley Farm Properties, 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. Missouri 3. 46-3373648
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. We are a registered PA LLC and we have had no business in Florida prior to registration in Florida

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 105 Main Street 6. PO Box 231
(Street Address of Principal Office) (Mailing Address)

PO Box 231 Sheloceta, PA 15774
Sheloceta, PA 15774

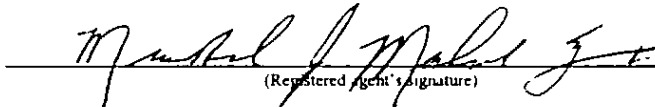
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Michael J Mitchell Sr.
Office Address: 2751 Alamanda Drive
Edgewater, Florida 32141
(City) (Zip code)

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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:**

☐ Manager Name: Darden Rhodes

☒ Member Address: 5692 DantonAire Place

☐ Authorized St Louis, MO 63128

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Theresa Camahan

☒ Member Address: 878 McCreight Road

☐ Authorized Shelocta, PA 15774

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Derek Rhodes

☒ Member Address: PO Box 35

☐ Authorized Shelocta, PA 15774

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Danielle Highes

☒ Member Address: 211 E Main Street

☐ Authorized Po Box 265

Person Big Run, PA 15715

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

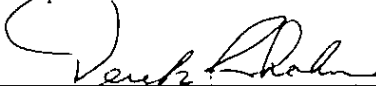
Person _____

☐ 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

Derek Rhodes

Typed or printed name of signee

STATE OF MISSOURI



John R. Ashcroft
Secretary of State


CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

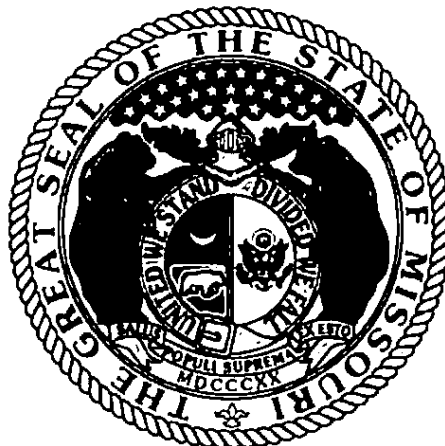
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

RVFProperties, LLC
LC1333476

was created under the laws of this State on the 8th day of August, 2013, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 28th day of February, 2023.


Secretary of State



Certification Number: CERT-02282023-0119