M2300006362

(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:						

Office Use Only



900407376879

04/18/20 -01029--018 **180.00

2023 HAY 16 AM ID: 29
SECRETARY OF STATE
TALL AND SSEE OF ORDER

W23-66701

Why. 1.15

Amer



May 8, 2023

JERRY D BACON 279 BLACKBURN ROAD CYNTHIANA, KY 41031 US

SUBJECT: RRC COMPANY, LLC Ref. Number: W23000066701

We have received your document for RRC COMPANY, LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 823A00010399

Ariel Jones Regularoty Specialist II

www.sunbiz.org

Registration Section

TO:

COVER LETTER

	Name of Limited Liability Company				
		Company for Authorization to Transact Business in Florida," Certi referenced foreign limited liability company to transact business in			
	orrespondence concerning this matter to				
	Jerry D Bacon	-			
		Name of Person			
	RRC Company, LLC				
		Firm/Company			
	279 Blackburn Road				
		Address			
	Cynthiana, KY 41031				
	C	ity/State and Zip Code			
F	RRCbacon@gmail.com				
_	E-mail address: (to be	used for future annual report notification)			
r inforn	nation concerning this matter, please cal	1:			
lerry D	Bacon	859 983.6456 at ()			
	Name of Contact Person	Area Code Daytime Telephone Number			
Mailing Address:		Street Address:			
Registration Section		Registration Section Division of Corporations			
Division of Corporations P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			
	,	Tallahassee, FL 32303			

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

IN COMPLIANCE WITH SECTION 665.6902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED FLABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDAY 1. RRC COMPANY, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") RRC COMPANY FLORIDA, 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") 20-3960231 Kentucky, USA (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty fiability). 279 Blackburn Road 279 Blackburt Road (Mailing Address) (Street Address of Principal Office) Cynthiana, KY 41031 Cynthiana, KY 41031 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Ford Phares Name: 203 Esther Street Office Address: Naples Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company with place 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.

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:	□Manager	Name:	
□Member	Address: 279 Blackburn Road	□Member	Address:	
□Authorized	Cynthiana, KY 41031	□Authorized		
Person		Person		
OFFICER OFFICER		□Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other		Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other		Other		□Other

<u>Important Notice</u>: 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 abthorized person

Terry D. BACON

Typed or printed name of signee

Form SS-4 Application for Employer Identification Number						EIN	
(Rev. Deci Departmer	ember 2001) nt of the	(For use by employers, corporations, partnerships, trusts, estates, churches,					
Treasury Internal Re	evenue Service	See separate instructions for each line. ► Keep a copy for your records.			OME No 1545-0003		
1" Legal	name of entity (or indi	vidual) for whom the EIN is be	ing requested				
Į		ifferent from name on line 1)		3 Executor, trustee, *care of	* name		
	ing address (room, apt BLACKBURN ROAD	., suite no. and street, or P.O.	box)	5a Street address (if different) (Do not enter a P O pox)			
4b° City,	state, and ZIP code ITHIANA KY 41031		-	5b City, state, and ZIP code			
	ly and state where prin	cipal business is located		<u> </u>		 	
7a Name		eneral partner, grantor, owner,	or trustor	76 SSN, ITIN, EIN 314-02-4291			
Ba* Type Sole F Partne Corpo Perso Churc Other	of enlity (check only o Proprietor (SSN)	organization	F Plan al Trust (I Nation Farme REMIC	(SSN of decedent) dministrator (SSN) SSN of grantor) al Guard rs' cooperative	State/local gover Federal governm Indian tribal gove		
8b If a co	orporation, name the st ble) where incorporate	ate or toreign country	State		Foreign countr	у	
Hired Compi Compi Other	NOV 1 2005	box and see line 12) ding regulations quired (month, day, year)		Changed type of organization Purchased going business Created a trust (specify type) Created a pension plan (speci 11 Closting month of account DEC	► fy type) ► ing year		
12 First d income wi	ate wages or annuities Ill first be paid to nonre	s were paid or will be paid (mor sident alien. (month, day, year	nth, day, year) N	ote:If applicant is a withholding	agent, enter date	,	
13 Highe:	st number of employee	es expected in the next twelve playees during the period, ente	months Note:// th	se applicant	Agriculture	Household Other	
Constr Real e	uction Rental Rental Manuf (specify)	acturing	ation & warenous Linsurance	☐ Retail	food service	Wholesale-agent/broker Wholesale-other	
15° Indica CONC	ite principal line of mer CRETE AND GENERA	chandise sold; specific constr L CONSTRUCTION	uction work done;	products produced; or service	s provided.	4.7k.	
16a° Has		lied for an employer identificat	ion number for th	is or any other business?	Г _{Ye}	s IV No	
	i checked "Yes" on line me - >		me and trade nar	me shown on prior application i	f different from line	e 1 or 2 above.	
i6c Appro Approxim	oximate date when, and ate date when filed (m		lication was filed state where filed	Enter previous employer ident	ification number if evious EIN	known	
	Complete section only if	you want to authorize the named i	ndividual lo receive	the enuty's EIN and answer question	ns about the comple	etion of this form	
fhird Party Designee	Designee's name DAVID W HUDSON Address and ZIP coch				(859) 219	ephone number (include area code) 3 - 1501 number (include area code)	
Inder noon	3306 CLAYS MILL 1		_		(859) 219		
orrect, and	complete. Lide (type or print clear		, and to the best of	my knowledge and belief, it is true.	Applicant's tele	phone number (include area code)	
	Y D BACON	.,	moer 19, 2005 G	ТМ	(<u>859) 234</u> Applicant's fax	. number (include area code)	

Commonwealth of Kentucky Michael G. Adams, Secretary of State

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 289854

Visit https://web.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

RRC COMPANY, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is January 26, 2006 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 24th day of April, 2023, in the 231st year of the Commonwealth.



Michael G. adam

Michael G. Adams Secretary of State Commonwealth of Kentucky 289854/0630661