

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H230003115183)))



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To:

Division of Corporations  
Fax Number : (850)617-6333

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (954)208-0845  
Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: sharron.curtis@inhabit.com

Foreign Limited Liability Company  
REFERSTAYS LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 SEP -6 AM 9:55

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Electronic Filing Menu

Corporate Filing Menu

Help

15. *Journal of the American Medical Association*, 1990; 263: 1001-1005.

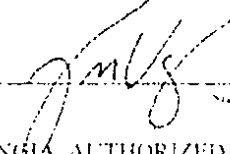
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Rental Guardian Holdings, LLC	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 2035 Lakeside Centre Way	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Suite 250	<input type="checkbox"/> Authorized	_____
Person	Knoxville, TN 37922	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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  
 JOHN VINGOLA, AUTHORIZED PERSON  
 \_\_\_\_\_  
 Typed or printed name of signer

# *The State of South Carolina*




*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

ReferStays LLC, a limited liability company duly organized under the laws of the State of South Carolina on January 18th, 2018, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal  
of the State of South Carolina this 6th day  
of September, 2023

  
Mark Hammond, Secretary of State

ROGERS TOWERS, P.A.  
1301 RIVERPLACE BOULEVARD, SUITE 1500  
JACKSONVILLE, FLORIDA 32207  
(904) 398-3911  
(904) 396-0663 (Fax)

FACSIMILE TRANSMITTAL COVER SHEET

PLEASE DELIVER THE FOLLOWING PAGES TO:

Recipient Name: 8506176380, 8506176381, 8506176383

Fax Number:

From: Amber Penagos

**MESSAGE:**

Amber Penagos

Professional Assistant

Business & Tax Department

[cid:image924850.png@D0542E0B.C96C5AB5]

Rogers Tower, P.A. | 1301 Riverplace Blvd., Suite 1500 | Jacksonville, Florida  
32207

Main 904.398.3911 | Direct 904.346.5549<tel:904.346.5549>

Internal 5549 | Fax 904.396.0663<fax:904.396.0663>

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From: Amber Penagos

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