Division of Corporations

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To:

Division of Corporations

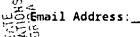
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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



## **Foreign Limited Liability Company** Right Onsite RV Repair, LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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# 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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	lorida The	alkemate name must include "Lumited Liability Company," "L4, C," or "L		
Georgia		3.	92-3909955		
Ourseletton under the law of w	high foreign fimited hability company is organized)	• •	(EET number, if applicable)		
	Date first transacted business in Florida, if prior to	registration	1)		
	(See sections 60) 0984 & 605 0945, US to determine	iné penaity	harshryt		
7901 4th St N STE 300		7901 4th St N STE 300			
et Address of Principal Office)			(Mailing Address)		
St. Petersburg FL 33702			St. Petersburg FL 33702		
Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box	NOT:	иссернівіс)		
Name:	Registered Agents Inc				
Office Address.	7901 4th St N STE 300		<del></del>		
	St. Petersburg		. Florida 33702		
	(Cgy)		4Zip coder		

### 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.



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: White, Alan	□Manager	Name:	
XMember	Address:	□Member	Address: _	
□Authorized	7901 4th St N STE 300	□Anthorized		
Person	St. Petersburg FL 33702	Person		
□Other	Other	□ Other		□ Other
□Manager	Name:	[] Manager	Name:	·
□Member	Address:	□Member	Address:	
□ Authorized		□ Authorized		
Person		Person		
□Other	Other	□ Other	<u> </u>	□Other
⊔Manager	Name:	LJManager	Name:	
□Member	Address:	□Member	Address: _	
□Authorized		□.Authorized	<del></del>	
Person		Person		
□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 felony as provided for in s.817.155, F.S.

Ruba and Juliana Signature of an authorized person

Control Number: 23101086

## STATE OF GEORGIA

## Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

## CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

## Right Onsite RV Repair, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number : 26138526 Date Ine/Auth/Filed; 04/28/2023 Jurisdiction : Georgia Print Date + 10/13/2023

Form Number 211



Brad Raffensperger

Brad Raffensperger Secretary of State