M246000008817

(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



100431828301

APPROVED AND FILED

RECEIVED

JUL 1 2 2924 K. Brumbley



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	07/11/2024	
Name:	Patrice Rush	
	2431839	
Entity Name:	A	ZALEA HILL, LLC
✓ Articles	s of Incorporation/Author	ization to Transact Business
Ameno	dment	
☐ Chang	e of Agent	
Reinst	atement	
Conve	rsion	
☐ Merge	г	
☐ Dissolı	ution/Withdrawal	
☐ Fictitio	us Name	
✓ Other_	PLEASE PROVIDE O	ERTIFIED COPY AND CERTICATE OF STATUS
Authorized Ar	mount: \$160.0	0
Signature:	(Freshor	

F: +852.2682.9790

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJEC	CT: RJC Azalea Hill, LLC		
		ne of Limited Liability (Company
			ation to Transact Business in Florida," Certificate o ted liability company to transact business in Florida
Please re	eturn all correspondence concerning this matter t	to the following:	
	Patrick	T. Wittenbrink	
	_	Name of Person	·
	Carmody	MacDonald P.C.	
		Firm/Company	
	120 S. C	entral Avenue, Suite 18	00
		Address	
	St. Le	ouis, MO 63105	
	(City/State and Zip Code	
	•	restments.com ptw@c	armodymacdonald.com
For furth	ner information concerning this matter, please ca		report nonneation)
Tot tures	ter information concerning and matter, prease ea	•••	
	Patrick T. Wittenbrink	at (314	_)854-8600
	Name of Contact Person	Area Code	Daytime Telephone Number
	MAILING ADDRESS:		STREET ADDRESS:
	Division of Corporations		Division of Corporations
	Registration Section		Registration Section
	P.O. Box 6327		Clifton Building
	Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEI	PARTMENT OF STA	TF
			Filing Fee & X \$160.00 Filing Fee, Certifica
	S125.00 Filing Fee \$130.00 Filing Certificate		ed Copy 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:

(If	(Name of Foreign Limited Liability Company; must include the company of the company of the purpose of transacting business.)		,		Company," "LL	C," or "	LLC.")
Missouri (Jurisdiction under the law of which foreign limited liability company is organized)		3	· ··	(FEI munber, if applicable)			
4.	(Date first transacted business in Florida, (See sections 605.0904 & 605.0905, F.S.	if prior to registration) to determine penalty liability)		_		
5.	3879 US-301, #381 (Street Address of Principal Office)	6	387	9 US-301, #381 (Mailing Address)	<u>.</u> .		_
	Riverview, FL 33578		Riv	verview, FL 33578			_
7.	Name and street address of Florida registered agent: (P.	.O. Box <u>NOT</u> accep	table)		SETH THE SECOND OF THE SECOND	2824 JUL 11	FILE
	Name: COGENCY GLO	OBAL INC	. .			F	EO
	Office Address: 115 North Calhou	n St. Suite 4	<u>1</u>			9: 32	
	Tallahas	see	Florida _	32301 (Zip code)	_		

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.

Asst. Secretary

(Registered agent's signature)

8. For initial index manage [up to six (6	ing purposes, list names, title or capacity and addition total]:	resses of the primary m	embers/manage	ers or persons authorized to			
Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:			
Manager	Name:	Manager	Name:				
Member	Address: 3879 US-301, #381	Member	Address:				
Authorized	Riverview, FL 33578	Authorized					
Person		Person					
Other	Other	Other		Other			
Manager	Name:	Manager	Name:				
□Member	Address:	Member	Address:				
Authorized		Authorized					
Person		Person					
Other	Other	Other		Other			
□Manager	Name:	Manager	Name:				
Member	Address:	Member	Address:				
Authorized		Authorized					
Person		Person					
Other	Other	Other		Other			
indexed individuals 9. Attached is a cert	ise an attachment to report more than six (6). The may be added to the index when filing your Florid ifficate of existence, no more than 90 days old, dult law of which it is organized. (If the certificate is st be submitted)	da Department of State ly authenticated by the	Annual Report	form. custody of records in the			
	s executed in accordance with section 605.0203 (I ment to the Department of State constitutes a third —Docusioned by:						
	Clinis trool	a subaria da ser		_			
Signature of an authorized person							
	Chris Kool, Manager Typed or prin	nted 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

RJC AZALEA HILL, LLC LC014540220

was created under the laws of this State on the 8th day of April, 2024, 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 3rd day of July, 2024.

Secretary of State

THE STATE OF THE S

Certification Number: CERT-07032024-0009