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### COVER LETTER

TO:

**Registration Section** 

	of Corporations WORKS, LLC			
SUBJECT:				
		mpany for Authorization to Transact Business in Florida," Certificate of erenced foreign limited liability company to transact business in Florida		
Please return all c	orrespondence concerning this matter to the	ne following:		
	HAZEL BELTRAN			
	Name of Person			
	RH WORKS, LLC			
	Firm/Company			
	402 MARKS POND WAY			
	Address			
	WILLIAMSBURG VA, 23188 -2011			
City/State and Zip Code				
F	RHWORKSLLC@GMAIL.COM			
_	E-mail address: (to be us	sed for future annual report notification)		
For further inform	nation concerning this matter, please call:			
HAZEL	BELTRAN	757 812-8266 at ()		
	Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address: Registration Section		Street Address: Registration Section		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
	ssee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Please m	l is a check for the following amount: ake check payable to: <b>FLORIDA DEPAI</b> 00 Filing Fee \( \square \) \$130.00 Filing Fee \( \text{Certificate of S} \)	\$155.00 Filing Fee & \$160.00 Filing Fee. Certificate		

## 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 FOREGO. LIMITED LIABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: RH WORKS, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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 "L.L.C," **VIRGINIA** (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 402 Marks Pond Way Williamsburg VA 23188-2011 402 Marks Pond Way Williamsburg VA 23188-2011 (Street Address of Principal Office) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Johany M Rodriguez Gonzalez Name: 2679 Nottel Dr Office Address: Saint Cloud , Florida 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: **Title or Capacity:** Name and Address: Name and Address: Name: HAZEL BELTRAN Name: RAFAEL BELTRAN □ Manager □ Manager 62 MARKE PONO WAY WILLIAMSBURG VA. 20188 ■Member Address: ■ Member Address: \_\_\_\_\_ □ Authorized □ Authorized Person Person □Other Other □Other\_\_\_\_ Other\_\_\_\_ Name: □Manager Name: \_\_\_\_ □Manager □Member Address: □Member Address: ☐ Authorized □ Authorized Person Person □Other \_\_\_\_\_ □Other\_\_\_\_\_ Other\_\_\_\_\_ Other\_\_\_\_ Name: □Manager Name: \_\_\_\_\_\_ ■ Мапаger □Member Address: □Member Address: □ Authorized ☐ Authorized Person Person □Other □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.

Signature of an authorized person

# Common brealth of Hirginia



## State Corporation Commission

#### CERTIFICATE OF FACT

1 Certify the Following from the Records of the Commission:

That RH WORKS LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on August 15, 2019; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

That the limited liability company is current in the payment of all registration fees assessed against it by the Commission pursuant to the Virginia Limited Liability Company Act as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

July 25, 2024

Bernard J. Logan, Clerk of the Commission