

M24000013814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

(Business Entity Name)

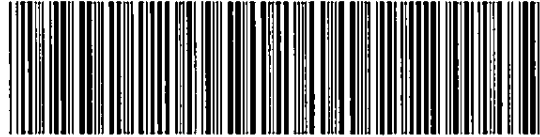
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RECEIVED
2024 OCT 29 PM 4:33
SEC. OF STATE
TALLAHASSEE, FLORIDA

APPROVED
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FILED
2024 OCT 29 PM 6:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 29 2024
K. Brumbley



Commissioner Russell C. Weigel, III

October 29, 2024

VIA INTEROFFICE MAIL

Ms. Melanie Solomon or
Mr. Kyle Brumbley
Registration Section
Florida Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314-6327

Dear Ms. Solomon or Mr. Brumbley,

Please file the enclosed Registration of a Foreign LLC for RMS Family Trust Company LLC, Sioux Falls, South Dakota at your earliest convenience.

Enclosed is check No. 1050, totaling \$125.00, payable to the Division of Corporations. The check represents payment for the filing fee. If you have any questions, please do not hesitate to contact Jason Guevara at Jason.guevara@flofr.com or at 850-410-9513.

Sincerely,

Jason M. Guevara
Financial Administrator
Division of Financial Institutions
Office of Financial Regulation

cc: Bureau Chief, Bureau of Bank Regulation

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RMS Family Trust Company LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Thomas Cota

Name of Person

RMS Family Trust Company LLC

Firm/Company

212 S. Main Ave., Suite 155

Address

Sioux Falls, SD 57104

City/State and Zip Code

tom@sdtrustco.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Cota

Name of Contact Person

at (**605**)

Area Code

271-5182

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate 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:

1. RMS Family Trust Company 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 "LLC.")

2. South Dakota
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. Not applicable.
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 999 Vanderbilt Road, Suite 710
(Street Address of Principal Office)

6. 999 Vanderbilt Road, Suite 710
(Mailing Address)

Naples, FL 34108

Naples, FL 34108

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Kevin S. Bergman

Office Address: 999 Vanderbilt Road, Suite 710

Naples, Florida 34108
(City) (Zip code)

APPROVED
AND
FILED
2024 OCT 29 PM 6:15
SECRETARY OF STATE
TALLAHASSEE, 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.

KS Bergman
(Registered agent's signature)

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 checked="" type="checkbox"/> Manager	Name: <u>Elliot S. Kaplan</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Kevin S. Bergman</u>
<input type="checkbox"/> Member	Address: <u>212 S. Main Ave., Suite 155</u>	<input type="checkbox"/> Member	Address: <u>212 S. Main Ave., Suite 155</u>
<input type="checkbox"/> Authorized	<u>Sioux Falls, SD 57104</u>	<input type="checkbox"/> Authorized	<u>Sioux Falls, SD 57104</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Steven A. Schumeister</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Allen U. Lenzmeier</u>
<input type="checkbox"/> Member	Address: <u>212 S. Main Ave., Suite 155</u>	<input type="checkbox"/> Member	Address: <u>212 S. Main Ave., Suite 155</u>
<input type="checkbox"/> Authorized	<u>Sioux Falls, SD 57104</u>	<input type="checkbox"/> Authorized	<u>Sioux Falls, SD 57104</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>William J. Brody</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Matt Tobin</u>
<input type="checkbox"/> Member	Address: <u>212 S. Main Ave., Suite 155</u>	<input type="checkbox"/> Member	Address: <u>212 S. Main Ave., Suite 155</u>
<input type="checkbox"/> Authorized	<u>Sioux Falls, SD 57104</u>	<input type="checkbox"/> Authorized	<u>Sioux Falls, SD 57104</u>
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

Kevin S. Bergman

Typed or printed name of signer

State of South Dakota

Office of the Secretary of State

Certificate of Good Standing

Domestic Limited Liability Company

I, **Monae L. Johnson**, Secretary of State of the State of South Dakota, hereby certify that

RMS FAMILY TRUST COMPANY LLC

Business ID: DL217770

was authorized to transact business in this state on: January 3, 2022.

I, further certify that **RMS FAMILY TRUST COMPANY LLC** has complied with the laws of this State relative to the formation of Certificate of Good Standing/Authorizations of its kind and is now regularly and properly organized and existing under the laws of this State and is in Good Standing, as shown by the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of its financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this day, October 4, 2024.

Monae L. Johnson

Monae L. Johnson
Secretary of State

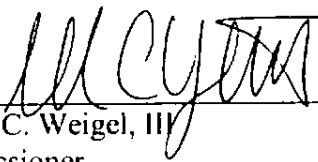
10/04/2024 9:07 AM

Verification #: 018036117

RMS Family Trust Company LLC

The foregoing registration of a foreign limited liability company to transact business in Florida is APPROVED by the Office of Financial Regulation this 29th day of October, 2024.

Tallahassee, Leon County, Florida



Russell C. Weigel, III
Commissioner
Office of Financial Regulation