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(Requestor's Name)
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date: 03/24	/2023	
Name: Gre	eg Pintacuda	_
Reference #:	1941813	
Entity Name:	RJC BRI	ARWOOD, LLC
<u> </u>	corporation/Authorization	to Transact Business
☐ Amendment ☐ Change of A	gent	
Reinstatemer	nt	
☐ Conversion☐ Merger		
☐ Dissolution/W	/ithdrawal	
Fictitious Nar		MARTER AND COOR CTANDING AFTER EILING
Other PLEAS	E PROVIDE CERTIFIED CI	HARTER AND GOOD STANDING AFTER FILING
Authorized Amount	\$160	

COVER LETTER

TO:

Registration Section
Division of Corporations

SUD IECT.	RJC Briarwood, LLC					
SUBJECT:	Name of Limited Liability Company					
Existence, a	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate o check are submitted to register the above referenced foreign limited liability company to transact business in Florida					
Flease retur	ll correspondence concerning this matter to the following:					
	Patrick T. Wittenbrink					
	Name of Person					
	Carmody MacDonald P.C.					
	Firm/Company					
	120 S. Central Avenue, Suite 1800					
Address						
	St. Louis, MO 63105					
	City/State and Zip Code					
	chris@rjcinvestments.com ptw@carmodymacdonald.com					
	E-mail address: (to be used for future annual report notification)					
For further	ermation concerning this matter, please call:					
	Patrick T. Wittenbrink at (314) 854-8600					
	Name of Contact Person Area Code Daytime Telephone Number					
Di [*] Re P.(LING ADDRESS: on of Corporations Division of Corporations ration Section Registration Section Clifton Building assee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301					
	sed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE					
	125.00 Filing Fee \$\int \$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sum \text{\$\sum \$\sum \text{\$\sum \$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sim \$\sum \$\sim \$\sum \$\sim \$\sum					

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. RIC Briarwood, 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," "LL.C." or "LLC.")

2. Missouri
(Uurudiction under the law of which foreign limited liability company is organized)

4. (Delte first transacted business in Florida, if prior to replayation.)

(See sections 605 6964 & 605 6965, F.S. to determine penalty liability)

5. 10610 Johanna Ave.
(Street Address of Principal Office)

(Nailing Address)

Riverview, FL 33578

Riverview, FL 33578

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

Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun St. Suite 4

Tallahassee , Florida 32301

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.

Robert Louis Baleinh Jo COGENCY GLOBAL INC (Registered agent's signature)

Title or Capacity:	Name and Address:	Title or Capacity		Name and Address:
Manager	Name: Chris Kool	Manager	Name:	
☐Member	Address: 10610 Johanna Ave.	Member		
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
9. Attached is a certi	se an attachment to report more than six (6). I may be added to the index when filing your F ficate of existence, no more than 90 days old a law of which it is organized. (If the certificat be submitted)	lorida Department of State , duly authenticated by the	Annual Repor	t form.
10 This document is	executed in accordance with section 605.020	12 (1) (b) Elasida Sassura	T .1	

Signature of an authorized person

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 Briarwood, LLC LC014446424

was created under the laws of this State on the 8th day of March, 2023, 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 23rd day of March, 2023.

Secretary of State

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Certification Number: CERT-03232023-0127