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COVER LETTER

	stration Sectior sion of Corpora					
SUBJECT:	Reunion Mans	ions, Inc.				
SOULET		Name of corpor	ation - m	ust include suffix	-	<u>.</u>
Dear Sir or N	//adam:					
"Certificate of	of Existence," o	by Foreign Corporation r "Certificate of Good rporation to transact bu	Standing	g" and check are sub		
Please return	all correspond	ence concerning this m	atter to t	he following:		
Richard Estev	ez					
		Nam	e of Pers	son		
Reunion Man	sions, Inc.					
	<u>-</u>	Firm	Compan	у	···	20
66 West Flagler St., 12th Floor					2013 00 0 23	
		F	Address	· -		(-)
Miami / FL / 3	33130					ˈω̈́
		City/St	ate and Z	Cip code		-
reunionmansi	ons@gmail.com					
	Ê	-mail address: (to be u	sed for f	uture annual report n	otification)	Si
For further in	nformation con	erning this matter, ple	ase call:			
Richard Estev	ez	at (²⁰²)	345-1986		
Nan	ne of Person	Area	Code	Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	heck payable to:	following amount: FLORIDA DEPARTM \$78.75 Filing Fee & Certificate of Status	□ \$7	STATE 8.75 Filing Fee & ertified Copy	S87.50 Fine Section Certification Certified	te of Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Reunion Mansio	ons, Inc.					
	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D,"	"COMPANY," "CORPORATION,"			
Reunion Mansic	ons of Florida, Inc.					
(If name unavail	able in Florida, enter alternate corporate nan	ne ad	opted for the purpose of transacting bus	ness in Florida)		
Delaware		3 8	82-1908108			
·	y under the law of which it is incorporated)	J	(FEI number, if applicable)			
6/13/2017		5.				
(Date of incorporation)			(Date of duration, if other than perpo			
66 West Flagler S	(Date first transacted busines: (SEE SECTIONS 607.1501 & 607 St., 12th Floor, Miami FL 33130	s in F '.1502	lorida, if prior to registration) 2. F.S., to determine penalty liability)			
		ffice	street address)			
	(Current mai	iling	address, if different)	2019 050		
. Name and stree	et address of Florida registered agent: (I	P.O.	Box NOT acceptable)	BES.		
Name:	Richard Estevez			23 F		
Office Address:	66 West Flagler St., 12th Floor		_			
	Miami		, Florida 33130	: 1,5		
	(City)		(Zip code)			

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS						
Chairman	Name:	Chairman	Name:			
□Vice Chairman	Address: 66 West Flagler St.	□Vice Chairman	Address:			
□Director	12th Floor	□Director				
President	Miami, FL 33130	□President				
□Vice President		□Vice President				
☐ Secretary	Treasurer	☐ Secretary		□Treasurer		
□Other	Other	Other		Other		
□ Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□ Director		□Director				
□President		□President				
□Vice President		□Vice President		. <u>.</u> .		
□Secretary	☐Treasurer	□Secretary		□Treasurer		
□Other	Other	Other	<u></u>	Other		
□Chairman	Name:	□ Chairman	Name:	2019 (0+1)		
□Vice Chairman	Address:	□ Vice Chairman				
Director		Director		<u> </u>		
□President		□President		.		
□Vice President		□Vice President		<u></u>		
☐ Secretary	□Treasurer	☐ Secretary		☐Treasurer		
□Other	Other	Other		Other		
	Use an attachment to report more than six (6). The added to the index when filing your Florida Depa			ourposes only. Non-indexed		
12	1000					
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he of she is aware that 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.						

(Typed or printed name and capacity of person signing application)

Richard Estevez / President

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "REUNION MANSIONS, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF DECEMBER, A.D.

2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REUNION MANSIONS, INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

2019 DEC 23 PH 1:45



Authentication: 204271396

Date: 12-20-19

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