

2 of 2 pages

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Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (800) 345-4647
Fax Number : (800) 432-3622

2017 JAN 24 AM 10:40

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LIMITED LIABILITY REINSTATEMENT
CAUCUS CLUB INTERNATIONAL, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$377.50

1 of 2 pages

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # L15000120206**

1. Limited Liability Company's Name

Caucus Club International LLC

2. Principal Office Address - No P.O. Box #

10001 SE Buttonwood Way

Suite, Apt. #, etc.

City & State

Tequesta, FL

Zip

33469

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

8. Name and Address of Current Registered Agent

Name

Chester Brandes

Street Address (P.O. Box Number is Not Acceptable) Suite,

10001 SE Buttonwood Way

Apt. #, Etc.

City

Tequesta, FL

State

FL

Zip Code

33469

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date January 17, 2017

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Chester Brandes	1001 SE Buttonwood Way	Tequesta, FL 33469

11. E-mail Address: chbrandes@man.com and jhigginbotham@polsinelli.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.156, F.S.

Signature of authorized representative/member

Date 1-17-2017

Daytime Phone #

561-743-4281

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CRZEDM (1/14)

4. State/Country of Formation
Florida5. Date Organized or Qualified
To Do Business in Florida 7-17-15

6. FBI Number

☒ Applied For☐ Not Applicable7. CERTIFICATE OF STATUS DESIRED ☐

F.S. 605.0012, F.S. 605.0013, F.S. 605.0014, F.S. 605.0015, F.S. 605.0016, F.S. 605.0017, F.S. 605.0018, F.S. 605.0019, F.S. 605.0020, F.S. 605.0021, F.S. 605.0022, F.S. 605.0023, F.S. 605.0024, F.S. 605.0025, F.S. 605.0026, F.S. 605.0027, F.S. 605.0028, F.S. 605.0029, F.S. 605.0030, F.S. 605.0031, F.S. 605.0032, F.S. 605.0033, F.S. 605.0034, F.S. 605.0035, F.S. 605.0036, F.S. 605.0037, F.S. 605.0038, F.S. 605.0039, F.S. 605.0040, F.S. 605.0041, F.S. 605.0042, F.S. 605.0043, F.S. 605.0044, F.S. 605.0045, F.S. 605.0046, F.S. 605.0047, F.S. 605.0048, F.S. 605.0049, F.S. 605.0050, F.S. 605.0051, F.S. 605.0052, F.S. 605.0053, F.S. 605.0054, F.S. 605.0055, F.S. 605.0056, F.S. 605.0057, F.S. 605.0058, F.S. 605.0059, F.S. 605.0060, F.S. 605.0061, F.S. 605.0062, F.S. 605.0063, F.S. 605.0064, F.S. 605.0065, F.S. 605.0066, F.S. 605.0067, F.S. 605.0068, F.S. 605.0069, F.S. 605.0070, F.S. 605.0071, F.S. 605.0072, F.S. 605.0073, F.S. 605.0074, F.S. 605.0075, F.S. 605.0076, F.S. 605.0077, F.S. 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