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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fi	lling Officer:	
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B. KOHR

SEP - 9 2011

**EXAMINER** 



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DIVISION OF CORPORATIONS

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CONTACT:	Kim Weiden	<u>bach</u>					
DATE:	<u>09/09/11</u>						
REF. #:	<u>002120.154031</u>						
CORP. NAME:	REYNOLDS	S WATER ISLAMORADA, LLC					
( ) ARTICLES OF INCO ( ) ANNUAL REPORT ( XX ) FOREIGN QUALIF ( ) REINSTATEMENT ( ) CERTIFICATE OF C ( ) OTHER:	FICATION	( ) ARTICLES OF AMENDMENT ( ) TRADEMARK/SERVICE MARK ( ) LIMITED PARTNERSHIP ( ) MERGER	( ) ARTICLES OF DISSOLUTION ( ) FICTITIOUS NAME ( ) LIMITED LIABILITY ( ) WITHDRAWAL				
		TH CHECK# 54 1463					
		COST LII	MIT: \$				
PLEASE RETUR	RN:						
( ) CERTIFIED COPY ( ) CERTIFICATE OF		ERTIFICATE OF GOOD STANDING	(XX) PLAIN STAMPED COPY				

Examiner's Initials

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608,503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A TORELLIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Reynolds Water Islamorada, LLC		بُنْ َبُنْ
	(Name of Foreign Limited Liability Company; must incl	lude	"Limited Liability Company," "L.L.C.," or "LLC.")
co	name unavailable, enter alternate name adopted for the purponsent of the managers or managing members adopting the alternate," "L.L.C," "LLC.")	ose	of transacting business in Florida and attach a copy of the writte ate name. The alternate name must include "Limited Liability
2	Delaware	3	
	(Jurisdiction under the law of which foreign limited liability company is organized)	٦,	(FEI number, if applicable)
4	September 2, 2011	5	Perpetual
',	(Date of Organization)	.J.	(Duration: Year limited liability company will cease to exist or "perpetual")
6	N/A		
υ,	(Date first transacted business in Fl (See sections 608.501 & 608.502 F.S	iori S. to	da, if prior to registration.) o determine penalty liability)
7.	c/o Reynolds, Inc., 1900 Shawnee Mission Parkway		
	Mission Woods, KS 66205		
	(Street Address	of	Principal Office)
8.	If limited liability company is a manager-managed	d co	ompany, check here 🔀
€.	The name and usual business addresses of the man	nag	ing members or managers are as follows:
	Jeff Reynolds, c/o Reynolds, Inc., 1900 Shawnee Mission P	ark	way, Mission Woods, KS 66205
	Jerry Fanska, c/o Reynolds, Inc., 1900 Shawnee Mission Pa	arky	way, Mission Woods, KS 66205
	Rene Robichaud, c/o Reynolds, Inc., 1900 Shawnee Mission	ı Pa	irkway, Mission Woods, KS 66205
he	Attached is an original certificate of existence, no more than 90 jurisdiction under the law of which it is organized. (A photocopustation of the certificate under oath of the translator must be sub-	y is	
1	. Nature of business or purposes to be conducted o	r p	romoted in Florida:
	Special Purpose Entity for construction project		
	The duin	X 1//	
	Signature of a member or an au	ithe	orized representative of a member.
	(In accordance with section 608.408(3), F.S., the exec	cutio	on of this document constitutes an affirmation under the
	penalties of perjury that the facts stated herein are tr	ue.	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.)

Typed or printed name of signee

Robichaua

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	the Limited Liability Company is:
Reynolds W	ater Islamorada, LLC
If unavailable, th	te alternate to be used in the state of Florida is:
2. The name and	I the Florida street address of the registered agent and office are:
	C T Corporation System
	(Name)
	1200 South Pine Island Road
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Plantation FL 33324
•	City/State/Zip
liability company agent and agree t relating to the pro obligations of my	ted as registered agent and to accept service of process for the above stated limited at the place designated in this certificate, I hereby accept the appointment as registered act in this capacity. I further agree to comply with the provisions of all statutes oper and complete performance of my duties, and I am familiar with and accept the position as registered agent as provided for in Chapter 608, Florida Statutes, appointment of the position System
Katherine La	(Signature) \ ckey, Asst. Secy.
	\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

## Delaware

PAGE :

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "REYNOLDS WATER ISLAMORADA, LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF SEPTEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REYNOLDS WATER ISLAMORADA, LLC" WAS FORMED ON THE SECOND DAY OF SEPTEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5033530 8300

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AUTHENTX CATION: 9016679

DATE: 09-08-11

You may verify this certificate online at corp.delaware.gov/authver.shtml