

116000001584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W16-4696 cws

Office Use Only



400280686134

FILED  
2016 FEB 22 PM 5:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01/20/16--01014--021 \*\*130.00

K. SALY  
EXAMINER  
FEB 25



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 22, 2016

PARIS B LOVETT  
REUVEN LLC  
1144 ADAMS ST.  
HOLLYWOOD, FL 33019

SUBJECT: REUVEN LLC  
Ref. Number: W16000004696

RECEIVED  
2016 FEB 22 PM 1:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for REUVEN LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 316A00001491

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Reuven 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:**

Paris B. Lovett
Name of Person
Reuven LLC
Firm/Company
1144 Adams St
Address
Hollywood, FL 33019
City/State and Zip Code
PARISLOVETT@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paris B. Lovett                                      917                      757-8755  
\_\_\_\_\_  
Name of Contact Person                      Area Code                      Daytime Telephone Number

**MAILING ADDRESS:**  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$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. Reuven LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Reuven ben David 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. Wyoming 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1144 Adams St, Hollywood, FL 33019  
\_\_\_\_\_  
(Street Address of Principal Office)

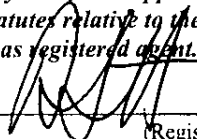
6. 1144 Adams St, Hollywood, FL 33019  
\_\_\_\_\_  
(Mailing Address)

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

Name: Paris B. Lovett  
Office Address: 1144 Adams St  
Hollywood, Florida 33019  
(City) (Zip code)

**Registered agent's acceptance:**

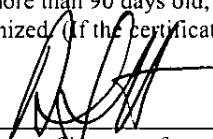
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.*

  
\_\_\_\_\_  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Paris B. Lovett, Member  
\_\_\_\_\_  
\_\_\_\_\_

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)

  
\_\_\_\_\_  
Signature of an authorized person

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.

Paris B. Lovett  
\_\_\_\_\_  
Typed or printed name of signee

FILED  
2016 FEB 22 PM 5:48  
CLERK OF COURT  
JAIL HOUSE, FLORIDA

**STATE OF WYOMING**  
**Office of the Secretary of State**

**FILED**  
2016 FEB 22 PM 5:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify  
that according to the records of this office,

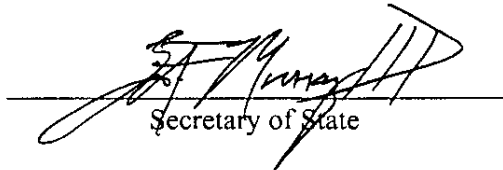
**Reuven LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **January 8, 2016**, comply with all applicable  
requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity  
identification number **2016-000703696**.

This entity is in existence and in good standing in this office and has filed all annual reports  
and paid all annual license taxes to date, or is not yet required to file such annual reports; and has  
not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed,  
authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming  
on this 16th day of February, 2016 at 6:54 PM. This certificate is assigned 019488842.



  
Secretary of State