M17000003108

(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:						

Office Use Only



700297553977

FILED

7 APR II MI 7:31
SECRETARY OF STATE
FALL APPROPER FLORIDS

DEPARTMENT OF STATE

D. SCOTT APR 1 2 2017 CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 591460 7442081

AUTHORIZATION :

COST LIMIT : \$/1160.00

ORDER DATE: April 10, 2017

ORDER TIME : 9:48 AM

ORDER NO. : 591460-005

CUSTOMER NO: 7442081

FOREIGN FILINGS

NAME: REAP INTERESTS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

___ PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

TO:

TO:	Registration Section Division of Corporatio	ns						
SUBJE	REAP INTERESTS	S, LLC						
		Name of	Limited Liability	Company		-		
		reign Limited Liability Comp ed to register the above refer						
Please 1	eturn all correspondence	concerning this matter to the	following:					
	FRANK MAP	EL						
		N	ame of Person		· ·			
	HOOVER SLO	OVACEK LLP						
	Firm/Company							
5051 WESTHEIMER, SUITE 1200								
Address								
	HOUSTON, T	EXAS 77056						
		City/S	State and Zip Code		· · · · · · · · · · · · · · · · · · ·	·•		
	MAPEL@HOO	VERSLOVACEK.COM				_		
		E-mail address: (to be use	d for future annua	l report no	tification)			
For furt	her information concerning	ng this matter, please call:				166 166		
FRANK MAPEL			713 at f	735-41	23	題第二		
	Name	of Contact Person	Area Code	Day	ytime Telephone Number	1996年上		
MAILING ADDRESS:			STREET ADDRESS:					
Division of Corporations Registration Section P.O. Box 6327		Division of Corporations Registration Section Clifton Building						
				- E. ω				
	Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301					
Enclose	ed is a check for the follow		T *155.00 T'''	T. 6	E1 61 60 00 Pili - F	Co. S.F. and		
		☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filid Certified Copy	_	☐ \$160.00 Filing Fee, of Status & Certified (

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:

, REAP INTERESTS, LI	LLC .	
	oreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter al Liability Company," "L.L.C.	alternate name adopted for the purpose of transacting business in Florida. The alternate name must inch	ide "Limited
2. TEXAS	3 82-1072388	
(Jurisdiction under the law company is organized)	w of which foreign limited liability (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. 675 BERING DRIVE,		
HOUSTON, TEXAS 7	77057	
	(Street Address of Principal Office)	
6. 675 BERING DRIVE,	S, SUITE 580	
HOUSTON, TEXAS 7	77057	
··	(Mailing Address)	
7. Name and street address	ess of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	
Name:	CORPORATION SERVICE COMPANY	,
Office Address:	1201 HAYS STREET	
	TALLAHASSEE Florida 32301	
	(City) (Zip code)	
Registered agent's accep Having been named as re	eptance: registered agent and to accept service of process for the above stated limited liability compa	nv at the place
designated in this applica	cation, I hereby accept the appointment as registered agent and agree to act in this capacity.	Isariher aprese -
	isions of all statutes relative to the proper and complete performance of my duties, and I am If my position as registered agent.	**
	Wielissa	Zender _
	(Begistered agent's signature) Asst. Vice	President
9. The name title as one	and address of the second who hardens authority to make interes	The The
•	pacity and address of the person(s) who has/have authority to manage is/are: 675 BERING DRIVE, SUITE 580, HOUSTON, TEXAS 77057 - MANAGER	- 옷돼 兀
	18 BURGOYNE, HOUSTON, TEXAS 77057 - MANAGER	最高
9. Attached is a certificate jurisdiction under the law of the translator must be s	tte of existence, no more than 90 days old, duly authenticated by the official having custody of w of which it is organized (If the certificate is in a toreign language, a translation of the certificate submitted) X Signature of an authorized person	records in the cate under oath
This document is executed	ted in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false info	mation
	to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	
	ANDREW J. PRIEST, MANAGER	

Typed or printed name of signee

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Rolando B. Pablos Secretary of State

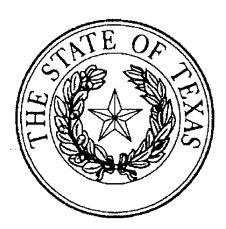
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for REAP INTERESTS, LLC (file number 802689853), a Domestic Limited Liability Company (LLC), was filed in this office on April 03, 2017.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 05, 2017.



RR

Rolando B. Pablos Secretary of State

Phone: (512) 463-5555 Prepared by: SOS-WEB Come visit us on the internet at http://www.sos.state.tx.us/ Fax: (512) 463-5709

x: (512) 463-5 TID: 10264 Dial: 7-1-1 for Relay Services Document: 726871800003