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SSECTION FOR INC.
INTERPRESENTATIONS
INTERPRESEN

O SIMMONS

APR 26 2018

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 179609 4320132

AUTHORIZATION : Spelle

COST LIMIT : \$ 125\000

ORDER DATE : April 24, 2018

ORDER TIME : 5:42 PM

ORDER NO. : 179609-005

CUSTOMER NO: 4320132

FOREIGN FILINGS

NAME: M. REBA FRANKLIN, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

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

IN COMPILANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING INSUBMITTED TO REGISTER A FOREIGN TAMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited	Liability Company," "L.L.C," or "LLC.
Delaware		3. 26-4570877	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI n	umber, if applicable)
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration) me penalty liability)	
c/o Brenner, Saltzman	& Wallman LLP	6. c/o Brenner, Saltzman &	: Wallman LLP
(Street Address of 271 Whitney Avenue	Principal Office)	(Mailing 7 271 Whitney Avenue	Address)
New Haven, CT 06511		New Haven, CT 06511	
	· · · · · · · · · · · · · · · · · · ·		
Name and street address	ss of Florida registered agent: (P.O. Box	: <u>NOT</u> acceptable)	图 份 信
Name:	Curtis A. Mewbourne		
	505 East Alexander Palm Road		
Office Address:			13 13 13 13 13 13 13 13 13 13 13 13 13 1
	Boca Raton (City)	, Florida <u>33432</u>	
	ions of all statutes relative to the proper s of my position as registered agent. (wris 1. Mwhoww (Registered agent's 128PEEC (CCROMB))		ny duties, and I am familia
nd accept the obligation	s of my position as registered agent. Obcusioned by: (wris A. Mewhowne (Registered agent's 128DFFC1CC6D4B)	signature)	
nd accept the obligation	s of my position as registered agent. (wris 1. Mewhowne	signature)	
nd accept the obligation The name, title or cap	s of my position as registered agent. (wris A. Mewbourne) 128DFFC1CC6D4B1 (Registered agent's acity and address of the person(s) who have and Address: Curtis A. Mewbourne	signature) as/have authority to manage is/are Title or Capacity:	y:
The name, title or cap	whis A. Mewhowned agents County A. Mewhowned	signature) as/have authority to manage is/are Title or Capacity:	»:
The name, title or cap	acity and address of the person(s) who have and Address: Curtis A. Mewbourne Curtis A. Mewbourne Curtis A. Mewbourne 505 East Alexander Palm Rd.	signature) as/have authority to manage is/are Title or Capacity:	»:
The name, title or cap	acity and address of the person(s) who have and Address: Curtis A. Mewbourne Curtis A. Mewbourne Curtis A. Mewbourne 505 East Alexander Palm Rd.	signature) as/have authority to manage is/are Title or Capacity:	»:
The name, title or cap	acity and address of the person(s) who have and Address: Curtis A. Mewbourne Curtis A. Mewbourne Curtis A. Mewbourne 505 East Alexander Palm Rd.	signature) as/have authority to manage is/are Title or Capacity:	»:
nd accept the obligation 3. The name, title or cap Title or Capacity: Member	writs A. Mewbourne Curtis A. Mewbourne 128DFFC1CC6D4B1 (Registered agent's acity and address of the person(s) who have and Address: Curtis A. Mewbourne 505 East Alexander Palm Rd. Boca Raton, FL 33432	signature) as/have authority to manage is/are Title or Capacity:	»:
The name, title or cap Title or Capacity: Member Use attachments if neces	Sof my position as registered agent. (Writs I. Mewbowned 1280FFC1CC604B1 (Registered agent's acity and address of the person(s) who have and Address: Curtis A. Mewbourne 505 East Alexander Palm Rd. Boca Raton, FL 33432 (Stary) The original agent of the person	as/have authority to manage is/arc Title or Capacity: duly authenticated by the official	:: Name and Address:
B. The name, title or cap Title or Capacity: Member Use attachments if neces risdiction under the law	s of my position as registered agent. (writs I. Mewbowned 128DFFC1CC6D4B1 (Registered agent's active and address of the person(s) who have and Address: Curtis A. Mewbourne 505 East Alexander Palm Rd. Boca Raton, FL 33432 (If the certifical position of which it is organized. (If the certifical position is a series of the person of	as/have authority to manage is/arc Title or Capacity: duly authenticated by the official	:: Name and Address:
The name, title or cap Title or Capacity: Member Use attachments if neces Attached is a certificate or is diction under the law of the translator must be seen according to the second content of the	writs A. Mewbourne 128DFFC1CC6D4B1 (Registered agent's active and address of the person(s) who have and Address: Curtis A. Mewbourne 505 East Alexander Palm Rd. Boca Raton, FL 33432 ssary) c of existence, no more than 90 days old, of which it is organized. (If the certifical ubmitted)	signature) as/have authority to manage is/arc Title or Capacity: duly authenticated by the official te is in a foreign language, a trans	having custody of records
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The name, title or cap Title or Capacity: Member Attached is a certificate arisdiction under the law of the translator must be so. This document is executed as a certificate arisdiction under the law of the translator must be so.	s of my position as registered agent. (wris A. Mewbourne) acity and address of the person(s) who have and Address: Curtis A. Mewbourne 505 East Alexander Palm Rd. Boca Raton, FL 33432 stary) of existence, no more than 90 days old, of which it is organized. (If the certifical ubmitted) outed in accordance with section 605.020 outer Department of State constitutes a the curtis A. Mewbourne	duly authenticated by the official te is in a foreign language, a trans	having custody of records lation of the certificate und
The name, title or cap Title or Capacity: Member Attached is a certificate arisdiction under the law of the translator must be so. This document is executed as a certificate arisdiction under the law of the translator must be so.	s of my position as registered agent. (wris A. Mewbourne) acity and address of the person(s) who have and Address: Curtis A. Mewbourne 505 East Alexander Palm Rd. Boca Raton, FL 33432 stary) of existence, no more than 90 days old, of which it is organized. (If the certifical ubmitted) outed in accordance with section 605.020 outer Department of State constitutes a the curtis A. Mewbourne	duly authenticated by the official te is in a foreign language, a trans (1) (b), Florida Statutes. I am avaird degree felony as provided for	having custody of records lation of the certificate und

Page 1



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

DELAWARE, DO HEREBY CERTIFY "M. REBA FRANKLIN, 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 TWENTY-FOURTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "M. REBA FRANKLIN, LLC" WAS FORMED ON THE TWENTIETH DAY OF MARCH, A.D. 2009.

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

Authentication: 202572986

Date: 04-24-18

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