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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone #	()
PICK-UP	WAIT	MAIL
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COVER LETTER

Registration Section

TO:

Verified Reinforcement	
	Name of Limited Liability Company
	gn Limited Liability Company for Authorization to Transact Business in Florida," Certificate to register the above referenced foreign limited liability company to transact business in Flor
e return all correspondence co	ncerning this matter to the following:
Daniel McCracke	ា
	Name of Person
Verified Reinforc	ement LLC
	Firm/Company
256 S Tessier Dri	ve
	Address
St Pete Beach, Fl	. 33706
	City/State and Zip Code
verifiedreinforceme	ent@gmail.com
	E-mail address: (to be used for future annual report notification)
arther information concerning t	his matter, please call:
Daniel McCracken	919 561-3588 at ()
Name of C	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: to: FLORIDA DEPARTMENT OF STATE
\$125.00 Filing Fee	\$130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certifi
-	Certificate of Status Certified Copy of Status & Certified Copy

COVER LETTER

	gistration Section vision of Corporations
SUBJECT:	Verified Reinforcement LLC
	Name of Limited Liability Company
	ed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of and check are submitted to register the above referenced foreign limited liability company to transact business in Florid
Please retur	n all correspondence concerning this matter to the following:
	Danieł McCracken
	Name of Person
	Verified Reinforcement LLC
	Firm/Company
	256 S Tessier Drive
	Address
	St Pete Beach, FL 33706
	City/State and Zip Code
	verifiedreinforcement@gmail.com
	E-mail address: (to be used for future annual report notification)
For further i	information concerning this matter, please call:
Da	aniel McCracken 919 561-3588
	Name of Contact Person Area Code Daytime Telephone Number
Div Re _p P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 Clifton Building llahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	closed is a check for the following amount: ase make check payable to: FLORIDA DEPARTMENT OF STATE
	\$125.00 Filing Fee \$\Bigsquare \text{\$130.00 Filing Fee & Certificate of Status} \Bigsquare \text{\$155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status} \Bigsquare \text{\$155.00 Filing Fee & Of Status & Certified Copy} \Bigsquare \text{\$160.00 Filing Fee, Certified Copy} \Bigsquare \text{\$160.00 Filing Fee} \Bigsq

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:

th Carolina		46-095	7216	
and form and a sky tall of	rhich foreign limited liability company is organiz	3	(FEI numbe	· · · · · · · · · · · · · · · · · · ·
risdiction under the izw of v	vuica toreign innited fizibility company is organiz	xu)	(FEI numbe	т, и аррисавіе і
/19				
	(Date first transacted business in Florida, (See sections 605,0904 & 605,0905, F.S.	if prior to registration)		
	(See sections 605,0904 & 605 0905, F.S			
6 S Tessier Drive		256 S T	essier Drive	
(Street Address of	Principal Office)	6	(Mailing Addre	ss)
Pete Beach, FL 337	06		Beach, FL 33706	
		O Day NOT accompabil	e)	等 第二
ne and <u>street addre</u> Name:	ss of Florida registered agent: (P Daniel McCracken	о. вох <u>ічот</u> ассеріаоі	-,	LED LED
			-,	LED -4 PM 5: 27 -5: PLORIDA SSEEL FLORIDA
Name:	Daniel McCracken 256 S Tessier Drive		33706	in the second
Name:	Daniel McCracken 256 S Tessier Drive			and the contract of

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Daniel McCracken Manager Name: Name: 2742 Dillon Court Member Address: __ Member | Address: ______ Creedmoor, NC 27522 Authorized Authorized Person Person ___Other_____ Other_ Other__ Manager Name: Name: Member Address: Member Address: Authorized Authorized Person Person Other Other____ Other Other Manager Name: Manager Name: Member Address: Member Address: Authorized Authorized Person Person Other Other_____ Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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) 10. 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.

Typed or printed name of signee



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

VERIFIED REINFORCEMENT LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 10th day of September, 2012

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 30th day of January, 2019.

Elaine J. Marshall

Secretary of State