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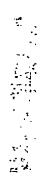
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Certified Copies	_ Certificate:	s of Status
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TO:	F
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Registration Section **Division of Corporations**

SUBJECT:	REACQUAINTED HOMES, 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.

Ple

Please return all correspondence concerning this matter to	the following:	
Calvin Otis Gibbor	าร	
	Name of Person	
REACQUAINTED	HOMES, LLC	
	Firm/Company	
43023 Tippman Pl	ace	
	Address	
South Riding, VA 2	20152	
Cit	y/State and Zip Code	
cogibbns@icloud.c	om	
E-mail address: (to be	used for future annual report notification)	
For further information concerning this matter, please call:		
Calvin Otis Gibbons	571 451-6638	
Name of Contact Person	Area Code Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations	
Registration Section	Registration Section	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPA	ARTMENT OF STATE	
\$125.00 Filing Fee \$130.00 Filing Fee Certificate of		

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 LIABILI COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Limited Liability Company; must include "Limite			
Nevada	ame adopted for the purpose of transacting business in Flo			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(FEI number, if applical	ble)
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determi	registration.)		
4730 S Fort Apa	iche Road Suite 300		Tippman (Mailing Address)	Place
	S, NV 89147		Riding, VA	
		NOT		
Name and street address Name:	Registered Agent			2. 2. 5. m. 5. 7. 5. 7. 5. 7. 5. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.
Office Address: 7901 4th St N S		E 300		
	St. Petersburg	_ , Florida	33702	
esignated in this applica	(City) Itance: Itan	s registered agent and	agree to act in this ca	ipacity. I furthe

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized 1 manage [up to six (6) total]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Mamie Maria Gibbon Name: Calvin Otis Gibbons ✓ Manager Manager | Address: 43023 Tippman Plac Address: 43023 Tippman Place Member Member South Riding, VA 2015; South Riding, VA 20152 Authorized Authorized Person Person Other____ Other Other Other Name: _____ Manager Name: _____ Address: ____ Address: ____ Member Member | Authorized ☐ Authorized Person Person Other____ Other Other Other Manager Manager Name: Name: Address: ____ Member 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. Signature of an authorized person Calvin Otis Gibbons

Typed or printed name of signer

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **REACQUAINTED HOMES**, **LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 07/30/2019, and is in good standing in this state.



Certificate Number: B20190815155721

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 08/15/2019.

Barbara K. CEGAVSKE Secretary of State