

**M19000012247**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : AGENTS AND CORPORATIONS, INC  
Account Number : 120010000112  
Phone : (302) 575-0875  
Fax Number : (302) 575-1642

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

Foreign Limited Liability Company  
**REIgnyte, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

K. SALY

DEC 30 2019

H19000370652 3

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDAIN 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. REIgnyte, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name was available, 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. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FID number, if applicable)

## UPON QUALIFICATION

4. (Date first transacted business in Florida, if prior to registration)  
(See sections 605.0404 & 605.0903, F.S. to determine penalty liability)

5. 15310 AMBERLY DRIVE #250

(Street Address of Principal Office)

6. 15310 AMBERLY DRIVE #250

(Mailing Address)

TAMPA, FL 33647

TAMPA, FL 33647

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

Name:

ROBERT SYFERT

Office Address:

15310 AMBERLY DRIVE #250

TAMPA

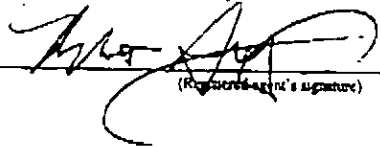
(City)

Florida

33647

(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)

2018 DEC 27 PM 1:11  
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**FILED**  
2018 DEC 27 PM 1:11  
TALLAHASSEE, FLORIDA

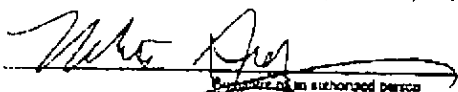
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	ROBERT SYFERT		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	15310 AMBERLY DR		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		# 250		<input type="checkbox"/> Authorized			
Person		TAMPA, FL	33647	Person			
<input type="checkbox"/> Other				<input type="checkbox"/> Other			
<p>CLB LEGACY SPENDTHRIFT TRUST, DATED FEBRUARY 12, 2012</p>							
<input checked="" type="checkbox"/> Manager	Name:	GARY LEE BOONERS HINE AS TRUSTEE		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	15310 AMBERLY DRIVE		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		# 250		<input type="checkbox"/> Authorized			
Person		TAMPA FL	33647	Person			
<input type="checkbox"/> Other				<input type="checkbox"/> Other			
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other				<input type="checkbox"/> Other			

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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 officer  
Robert Syfert

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REIGNYTE, 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-THIRD DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REIGNYTE, LLC" WAS FORMED ON THE SIXTEENTH DAY OF DECEMBER, A.D. 2019.

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

2019 DEC 27 PM 1:11  
DELAWARE SECRETARY OF STATE

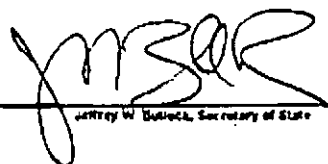
FILED



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SR# 20198819317

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 204284206

Date: 12-23-19