

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

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2020 JAN -8 PM 1:45

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

Email Address: sappert@nrinternational.com

Foreign Limited Liability Company  
Nolan Reynolds International, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$768.75 |

This number is wrong. It should be \$160.00

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDAIN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. NOLAN REYNOLDS INTERNATIONAL, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLP")

(If the name is available, other alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP.")

Delaware

84-4095783

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

3. (FEI number, if applicable)

December 13, 2019

4. (Date first transacted business in Florida, if prior to registration.)  
(See sections 603.0901 & 605.0905, F.S. to determine penalty liability.)

2020 Ponce de Leon Blvd., Suite 1104

2020 Ponce de Leon Blvd., Suite 1104

5. (Street address of Principal Office)

6. (Mailing Address)

Coral Gables, FL 33134

Coral Gables, FL 33134

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

Name:

Brent M. Reynolds

Office Address:

2020 Ponce de Leon Blvd., Suite 1104

Coral Gables

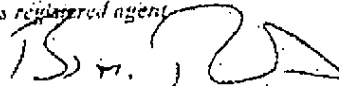
33134

(City)

, Florida

(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)

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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 type="checkbox"/> Manager                    | Name: Nolan Company, LLC                      | <input type="checkbox"/> Manager                                  | Name: Design Development LLC                  |
| <input checked="" type="checkbox"/> Member          | Address: 315 Manitoba Ave., Suite 300         | <input checked="" type="checkbox"/> Member                        | Address: 2020 Ponce de Leon Blvd.             |
| <input type="checkbox"/> Authorized                 | Wayzata, MN 55391                             | <input type="checkbox"/> Authorized                               | Suite 1104                                    |
| Person                                              |                                               | Person                                                            | Coral Gables, FL 33134                        |
| <input type="checkbox"/> Other                      | <input type="checkbox"/> Other                | <input type="checkbox"/> Other                                    | <input type="checkbox"/> Other                |
| <input type="checkbox"/> Manager                    | Name: Brent M. Reynolds                       | <input type="checkbox"/> Manager                                  | Name: Charles D. Nolan, Jr.                   |
| <input type="checkbox"/> Member                     | Address: 2020 Ponce de Leon Blvd., Suite 1104 | <input type="checkbox"/> Member                                   | Address: 2020 Ponce de Leon Blvd., Suite 1104 |
| <input type="checkbox"/> Authorized                 | Coral Gables, FL 33134                        | <input type="checkbox"/> Authorized                               | Coral Gables, FL 33134                        |
| Person                                              |                                               | Person                                                            |                                               |
| <input checked="" type="checkbox"/> Other President | <input type="checkbox"/> Other                | <input checked="" type="checkbox"/> Other Chief Financial Officer | <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                | <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.

*Brent M. Reynolds*  
Signature of an authorized person

Brent M. Reynolds

Typed or printed name of signer

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**Delaware**  
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NOLAN REYNOLDS INTERNATIONAL, 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 EIGHTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NOLAN REYNOLDS INTERNATIONAL, LLC" WAS FORMED ON THE THIRTEENTH DAY OF DECEMBER, A.D. 2019.

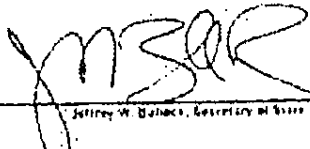
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



7750787 8300

SR# 20200131729

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: 202141536

Date: 01-08-20

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