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### **COVER LETTER**

TO:

**Registration Section** 

Name of Limited Liability Company					
	ty Company for Authorization to Transact Business in Florida, we referenced foreign limited liability company to transact busi				
eturn all correspondence concerning this matte	er to the following:				
Evan Arce					
· · · · · · · · · · · · · · · · · · ·	Name of Person	•			
RIEC, LLC.					
	Firm/Company				
227 Colony Drive					
	Address	•			
Casselberry, FL 32707					
	City/State and Zip Code	•			
RIEC2019@AOL.COM					
E-mail address: (to	be used for future annual report notification)	•			
ner information concerning this matter, please	call:	2070			
Evan Arce	360 731-0729 at ( )	G.			
Name of Contact Person	Area Code Daytime Telephone Number	-9			
Mailing Address:	Street Address:	<del>-0</del>			
Registration Section Division of Corporations	Registration Section	ب. جې			
P.O. Box 6327	Division of Corporations The Centre of Tallahassee				
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	•				

### 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: ı. RIEC, LLC. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") RIEC BUSINESS SERVICES; LLC.

(If name unavailable, 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.") Washington 84-2605420 (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 227 Colony Drive 227 Colony Drive (Mailing Address) (Street Address of Principal Office) Casselberry, FL 32707 Casselberry, FL 32707 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Evan Arce Name: 227 Colony Drive Office Address: Casselberry 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 ugent.

(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:
■Manager	Name: Evan Arce	□Manager	Name:	
□Member	Address: 227 Colony Drive	□Member	Address:	
□Authorized	Casselberry, FL 32707	□Authorized		
Person		Person		
□Other	Other	□Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person	<del></del>	
Other	Other	Other		□Other
				2670
□Manager	Name:	□Manager	Name:	<del></del>
□Member	Address:	□Member	Address:	(0)
□Authorized		□Authorized		
Person		Person		
Other	Other	Other	<del></del>	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.

Signature of an authorized person

EVAN ARCI

Typed or printed name of signee

# UNITED STATES OF AMERICA The State of Washington

## Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

### CERTIFICATE OF EXISTENCE

**OF** 

### RIEC, LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 08/05/2019.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate; the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date:

10/05/2020

UBI Number:

604 497 641



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

ten Uppa

Date Issued: 10/05/2020



September 30, 2020

EVAN ARCE 227 COLONY DRIVE CASSELBERRY, FL 32707 US

SUBJECT: RIEC, LLC

Ref. Number: W20000112522

We have received your document for RIEC, LLC and your check(s), totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 520A00018900

