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	stration Section sion of Corporations	•				
SUBJECT:	REEF POINT LLC					
SOBJECT:		Name of Limited Liability Company				
		ility Company for Authorization to Transact Business in Florida," Certificate of bove referenced foreign limited liability company to transact business in Florida				
Please return a	all correspondence concerning this ma	tter to the following:				
	MJ Marchetti. Paralegal					
	-	Name of Person				
	Kemp Klein Law Firm					
		Firm/Company				
	201 West Big Beaver Road, Suite 600					
		Address				
	Troy, MI 48084-4161					
		City/State and Zip Code				
	michaelkadian@gmail.com					
	E-mail address: (to be used for future annual report notification)				
For further inf	ormation concerning this matter, pleas	se call:				
MJ N	Marchetti. Paralegal	248 582-1111 ext. 679				
	Name of Contact Person	at () Area Code Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Please	osed is a check for the following amou e make check payable to: FLORIDA 25.00 Filing Fee S130.00 Filin Certific	DEPARTMENT OF STATE				





April 9, 2021

MJ MARCHETTI 201 W BIG BEAVER RD STE 600 TROY, MI 48084-4161

SUBJECT: REEF POINT LLC Ref. Number: W21000047948

We have received your document for REEF POINT LLC and your check(s) totaling \$125.00. 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.

Tracy L Lemieux Regulatory Specialist II

RECEIVE 26 26'L

Letter Number: 621A00007412

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE 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:

REEF POINT LLC	Limited Liubility Company; must include "Limite	i Liability Co	mpany," "L.L.C.," or "LLC	C.")	
	name adopted for the purpose of transacting business in F	arida. The street	nate more must include "Limi	and Liability Company, ""I I C	- or "LIC"
Michigan			/A		, or Lec.
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. /Fix number, if applies		number, if applicable)	
N/A					
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration) ine penalty liabi	lity)	 _	
849 Reef Point Circle			05 Ranch Lane (Mailing Address)		
rect Address of Principal Office)			(Mailing Address)		
Naples, FL 34108		Blo —	oomfield, MI 48302		
Name and street address	a of Florida registered agents (B.O. Hon	NOT and	ontoblo)	id by	
Name and street addres	s of Florida registered agent: (P.O. Box	NOT acce	:рімоје)	21	
Name:	Michael M. Kadian			APR 25	
Office Address:	849 Reef Point Circle				
	Naples		34108 , Florida	ORIDA ORIDA	
	(City)	-	(Zip coo	nde) ij: O	

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.

Michael M. Kadian

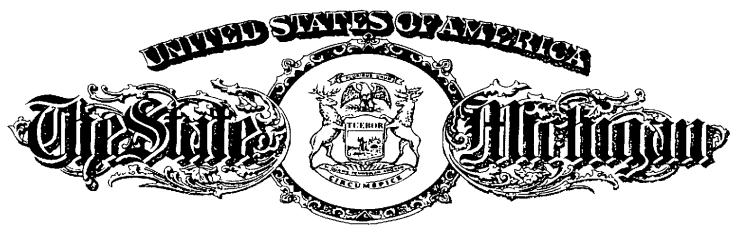
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

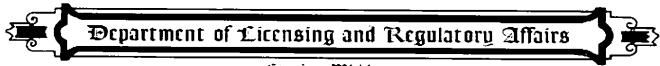
Title or Capacity:	Name and Address: Michael M. Radian, as Privice under the Marderus	Title or Canacity:		Name and Address:	
□Manager	Kadian GST Exempt Family Trust FBO Michael Name: Kadian UAD 3/29/76, as amended	□Manager	Name:		
■ Member	Address: 4505 Ranch Lane	□Member	Address:		
□Authorized	Bloomfield, MI 48302	□Authorized			
Person		Person			
□Other	Other	□Other		□Other	
□Manager	Name:	□Manager	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. 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.

Miles Marie of an authorized person





Lansing, Michigan

This is to Certify That

REEF POINT ILC

was validly authorized on March 11, 2021, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY. and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

Corporation & Commercial Life & Commercial Life

Sent by electronic transmission

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 21st day of April, 2021.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Certificate Number: 21040537202