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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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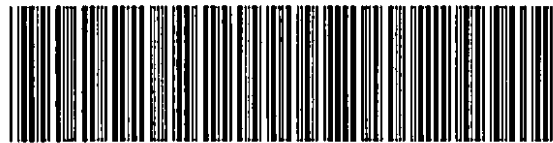
(Business Entity Name)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

Reel Financial Group 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.

Please return all correspondence concerning this matter to the following:

Daniel Muccio

Name of Person

Reel Financial Group LLC

Firm/Company

8219 Ulmerton Rd Unit 4A

Address

Largo, Fl. 33771

City/State and Zip Code

admin@reelfinancialgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angelita Green

- 36 -

662-6004

311

Name of Contact Person

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

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

(If none 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 3. 86-1616132
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. 8/15/2021
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability.)

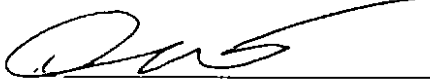
5. 8219 Ulmerton Rd Unit 4A 6. 8219 Ulmerton Rd Unit 4A
(Street Address of Principal Office) (Mailing Address)
Largo, FL 33771 Largo, FL 33771

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

Name: Daniel Muccio
Office Address: 8219 Ulmerton Rd Unit 4A
Largo 33771
(City) (Zip code)
Florida

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:	Daniel Muccio		<input checked="" type="checkbox"/> Manager	Name:	Johnny Patronis	
<input checked="" type="checkbox"/> Member	Address:	447 Harbor Dr S		<input type="checkbox"/> Member	Address:	2007 Bay Blvd	
<input type="checkbox"/> Authorized		Indian Rocks Beach, FL 33785		<input type="checkbox"/> Authorized		Indian Rocks Beach, FL 33785	
	Person				Person		
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	Ronald Rueff		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	125 E Merritt Island Cswy		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Merritt Island, FL 32952		<input type="checkbox"/> Authorized			
	Person				Person		
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<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		<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.



Signature of an authorized person

Daniel Muccio

Typed or printed name of signer



Department of State: Division of Corporations

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Entity Details

<u>File Number</u>	4707256	<u>Incorporation Date</u> <u>(Formation Date)</u>	1/12/2021 (mm/dd/yyyy)
<u>Entity Name</u>	REEL FINANCIAL GROUP LLC		
<u>Entity Kind</u>	Limited Liability Company	<u>Entity Type</u>	General
<u>Residency</u>	Domestic	State:	State:
<u>Status</u>	Good Standing	Status Date:	1/12/2021

REGISTERED AGENT INFORMATION

Name:	INCorp SERVICES, INC.		
Address:	919 NORTH MARKET STREET, SUITE 950		
City:	WILMINGTON	County:	New Castle
State:	DE	Postal Code:	19801
Phone:	800-246-2677		

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