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DATE:

11/07/22

NAME: REEGM FORT MYERS LLC

TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

REEGM Fort Myers LI (Name of Foreign	Limited Liability Company, must include "Limited Lie	ibility Company," "L.L.C.," or "L.I.C.")	
name unavailable, enter alternate r	name adopted for the purpose of transacting business in Florida	. The alternate name must include "Limited Liabili	ty Company," "L.L.C," or "L.L.C.
Delaware		•	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3(FEI number, if	applicable)
	(Date first transacted business in Florida, if prior to regis (See sections 605.0904 & 605.0905, F.S. to determine p	tration.) cealty liability)	_
7320 East Fletcher Avenue		7320 East Fletcher Avenue	
et Address of Principal Office)		6. (Mailing Address)	
Tampa, FL 33637		Tampa, FL 33637	
Name:	ss of Florida registered agent: (P.O. Box No. 18) Registered Agents Legal Services, LLC	<u></u>	1 9 - AON 020
Office Address:	155 Office Plaza Drive, Suite A		V3 10: 40
	Tallahassee	32301	0
	(City)	, Florida (Zrp code)	<u> </u>
signated in this applica comply with the provisi	tance: gistered agent and to accept service of pro- tion, I hereby accept the appointment as re ions of all statutes relative to the proper an s of my position as registered agent.	gistered agent and agree to act in t	his capacity. I further
	/s/ Maegin Cover	dale	
	(Registered agent's sign	sture)	

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: REEGM Investments LLC □Manager □Manager Name: 7320 East Fletcher Avenue ■Member □Member Address: Tampa, FL 33637 ☐ Authorized □Authorized Person Person □Other Other □Other □Other____ □Manager Name: ____ Name: □Manager ☐ Member Address: ____ Address: □Member □ Authorized □ Authorized Person Person □ Other □Other____ Other □ Other____ Name: □Manager Name: □Manager ☐Member Address: ☐ Member Address: _____ ☐ Authorized □Authorized Person Person □Other____ □Other_ ПОthет_____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "REEGN FORT MYERS 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 THIRD DAY OF NOVEMBER, A.D. 2022.

Authentication: 204768182

Date: 11-03-22