## M2300000327

(Requestor's Name)	
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PICK-UP WAIT	MAIL
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K. Brumbley

CORPORATION SERVICE	COMPANY
1201 Hays Street Tallhassee, FL 3230	1
Phone: 850-558-1500	
AC	COUNT NO. : I2000000195
	REFERENCE : 312530 4727100
AUTH	ORIZATION: STATELLE RECENTATION
C	OST LIMIT : \$ 125.00
ORDER DATE : Januar	у 6, 2023
ORDER TIME : 9:13	AM
ORDER NO. : 312530	-005
CUSTOMER NO: 472	7100
	FOREIGN FILINGS
	POREIGN FILLINGS
NAME: EC	REI HOLDINGS, LLC
XXXX QUALIFICATION	(TYPE: LL)
2	(2/ <u>==</u> /
PLEASE RETURN THE FO	LLOWING AS PROOF OF FILING:
CERTIFIED CO	PY
XX PLAIN STAMPE	D COPY
CERTIFICATE	OF GOOD STANDING
CONTACT PERSON: Eyl	iena Baker EXT#

EXAMINER:

## **COVER LETTER**

то:	Registration Section Division of Corporations	
SUBJE	EC REI Holdings, LI	.d
SUBJE	<u></u>	Name of Limited Liability Company
The end Existen	closed "Application by Fore	igh Limited Liability Company for Authorization to Transact Business in Florida," Certificate of to register the above referenced foreign limited liability company to transact business in Florida.
Please	return all correspondence co	oncerning this matter to the following:
	Alicia Connors	
	·	Name of Person
	Offit Kurman	
		Firm/Company
•	8000 Towers Cr	escent Drive. Suite 1400
		Address
	Vienna, VA 221	8 <b>2</b>
		City/State and Zip Code
	Alicia.Connors@	offitkurman.com
		E-mail address: (to be used for future annual report notification)
For fur	ther information concerning	this matter, please call:
	Alicia Connors	703 745-1890
	Name of	Contact Person Area Code Daytime Telephone Number
	Mailing Address:	Street Address:
	Registration Section	Registration Section
	Division of Corporati P.O. Box 6327	ons Division of Corporations  The Centre of Tallahassee
	Tallahassee, FL 3231	
	Enclosed is a check for th Please make check payabl S125.00 Filing Fee	Following amount:  oto: FLORIDA DEPARTMENT OF STATE  IN \$130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate  Certificate of Status Certified Copy 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:

92-1273616 3. (FEI registration.) ne penalty liability) 6. (Mailing Address)	number, if applicable)
(FEI registration.) ne penalty hability)	number, if applicable)
6. <u> </u>	
V	
(Mailing Address)	
	-
NOT acceptable)	2023
NOT acceptable)	A A
	-9
	AH II: 05
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	NOT acceptable)

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.

IRegistered 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: Name and Address: Title or Capacity: Name: Luke Hyder ■ Manager Name: \_\_\_\_\_ □Manager Address: 125 Crystal Beach Drive, Unit 137 □ Member Address: \_\_\_\_\_ □Member Destin, FL □ Authorized ☐ Authorized 32541 Person Person Other DOther\_\_\_\_ □Other\_\_\_\_\_ Other\_\_\_\_\_ Name: \_\_\_\_\_ ☐ Manager Name: □Manager □ Member Address: \_\_\_\_ □Member Address: □Authorized \*\* ☐ Authorized Person Person Other\_\_\_\_ □Other\_\_\_\_\_ Other\_\_\_\_ □Other\_\_\_\_ □Manager □Manager Name: \_\_\_\_\_ Name: \_\_\_\_\_\_ Address: \_\_\_\_ □ Member Address: ☐ Member □ 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. 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 noth 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 Luke Hyder

Exped or printed name of signee

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "EC REI HOLDINGS, 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 SIXTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EC REI HOLDINGS, LLC" WAS FORMED ON THE FIRST DAY OF DECEMBER, A.D. 2022.

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



Authentication: 202443495

Date: 01-06-23