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TO:

Name of Limited Liability Company ed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," cand check are submitted to register the above referenced foreign limited liability company to transact business and check are submitted to register the above referenced foreign limited liability company to transact business and check are submitted to register the above referenced foreign limited liability company to transact business and check are submitted to register the above referenced foreign limited liability company to transact business and check are submitted to register the above referenced foreign limited liability company to transact business and check are submitted to register the above referenced foreign limited liability company to transact business and check are submitted liability company to transact business and check are submitted liability company to transact business and check are submitted liability company to transact business and check are submitted liability company to transact business and check are submitted liability company to transact business and check are submitted liability company to transact business and check are submitted liability company to transact business and check are submitted liability company to transact business and check are submitted liability company to transact business and check are submitted liability company to transact business and check are submitted liability company to transact business and check are submitted liability company to transact business and check are submitted liability company to transact business and check are submitted liability company to transact business and check are submitted liability company to transact business and liability company to trans	Name of Limited Liability Company d "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," of the check are submitted to register the above referenced foreign limited liability company to transact busine in all correspondence concerning this matter to the following: Steven Reints	Entourage. LLC	
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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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	mine adopted for the purpose of transacting outsiness in r	riorida linca	ternate name must include "Limited Liability Company," "L.L.C," or "L
elaware		3.	46-5364306 ··· P
Jurisdiction under the law of w	hich foreign limited liability company is organized)	٠.	(FEI number, If applicable)
			PR T
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	o registration. nine penalty l	ability)
62 Gulf Breeze Pkwy	. Ste 170	6	62 Gulf Breeze Pkwy. Ste 170 S
Address of Principal Office)		0	(Mailing Address)
_		-	fulf Breeze, FL 32561-4493
ame and <u>street addres</u>	-4493 ss of Florida registered agent: (P.O. Box	-	
	Steven Reints	-	
- same and <u>street addres</u>	ss of Florida registered agent: (P.O. Box	-	
Name:	Steven Reints	-	

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Steven Reints Name: S. Kevin Bowen ■ Manager □Manager Address: 8355 NW 110th St. 362 Gulf Breeze Pkwy. Ste 170 ■ Member ☐ Member Reddick, FL 32686 Gulf Breeze, FL 32561 □ Authorized **■** Authorized Person Person Other____ Other □ Other □Other □Manager □Manager Name: _____ Address: 3 □Member □Member Address: □ Authorized □ Authorized Person Person □Other_____ \square Other $_$ ☐Other____ Name: □Manager □Manager Name: Address: ____ Address: _____ □Member □ 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 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 Steven Reints

Typed or printed name of signee

Delaware The First State

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

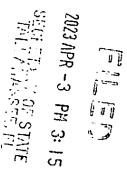
DELAWARE, DO HEREBY CERTIFY "ENTOURAGE, LLC" IS DULY FORMED UNDER

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 MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ENTOURAGE, LLC" WAS FORMED ON THE NINTH DAY OF APRIL, A.D. 2014.



Authentication: 202841102

Date: 03-06-23