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DATE:

10/24/2023

NAME:

**REUNION LLC** 

TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE

#### **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJ	REUNION LLC				
		Name of Limited Liability Company			
The en	nclosed "Application by Foreign Limited Liabi ence, and check are submitted to register the ab	ility Company for Authorization to Transact Business in Florida," Certificate of love referenced foreign limited liability company to transact business in Florida			
Please	e return all correspondence concerning this mat	tter to the following:			
	Sarah Moore				
		Name of Person			
	Universal Registered Agents, Inc.				
	Firm/Company				
	12900 Metcalf, Suite 140				
		Address			
	Overland Park, KS 66221				
		City/State and Zip Code			
	smoore@uragents.com				
	E-mail address: (	to be used for future annual report notification)			
For fu	urther information concerning this matter, pleas	se call:			
	Sarah Moore	855 236-9172 at ( )			
	Name of Contact Person	Area Code Daytime Telephone Number			
	Mailing Address: Registration Section	Street Address: Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the following amout Please make check payable to: FLORIDA  \$125.00 Filing Fee  \$130.00 Filing Certific	DEPARTMENT OF STATE			

### 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:

(Jurisdiction under the law of wh	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine	3(FEI number	er, if applicable)
(Jurisdiction under the law of wh		, in the second	rr, if applicable)
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determine		
834 Accembly Court	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determine		
834 Assembly Court	•	gistration.) penalty liability)	
		14915 River Rd. 6.	
treet Address of Principal Office)		6. (Mailing Address)	· · · · · · · · · · · · · · · · · · ·
Reunion, FL 34747		Rockville, MD 20854	
			207
		<del> </del>	- <del>1</del> 8 8 7
Name and street address	of Florida registered agent: (P.O. Box.)	NOT_acceptable)	T 24 ETAR
			RY OF
Name:	Universal Registered Agents, Inc.		24 PH 3:
rame.		<del></del>	四足 の
Office Address:	1317 California Street		· m w
	Tallahassee	32304	
	(City)	, Florida(Zip code)	<del></del>
		32304 , Florida(Zip code)	TATE

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: Name: Sylvia J. Rolinski Name: ■ Manager □ Manager Address: \_\_\_ □Member □Member Address: \_\_\_\_\_ Potomac, MD 20854 □ Authorized □ Authorized Person Person □Other □Other\_ Other ☐ Other Name: \_\_\_\_\_ Name: □ Manager □ Manager □Member Address: ☐Member Address: □ Authorized ☐ Authorized Person Person □Other ☐ Other\_\_\_\_\_ Other\_\_\_ Other Name: \_\_\_\_\_ ■ Manager Name: \_\_\_\_\_ ☐ Manager ☐ 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. 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 fetchy as provided for in s.817.155, F.S.

Typed or printed name of signee

Sylvia J. Rolinski

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "REUNION 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 TWENTY-THIRD DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "REUNION LLC" IS A SERIES LIMITED LIABILITY COMPANY.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REUNION LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF NOVEMBER, A.D. 2022.

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

Authentication: 204430166

Date: 10-23-23