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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

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	PICE	K UP: BROOK 8/9	
	CERTIFIED COPY		
XX	РНОТОСОРУ		
	GS		
· XX	FILING	FOREIGN LLC	
1.	REACT INDUSTRIES, (CORPORATE NAME AND DOC	LLC UMENT#)	
2.	(CORPORATE NAME AND DOC	TNONT 6	
3.			
4.	(CORPORATE NAME AND DOC	UMENT#)	
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J.	(CORPORATE NAME AND DOC	UMENT #)	
6.	(CORPORATE NAME AND DOC	UMENT #)	
SPECIAL	LINSTRUCTIONS:		

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	React Industries, LLC				
CODOL		Name of Limited Liability Company			
The enc Existen	closed "Application by Foreign Limited Liabice, and check are submitted to register the ab-	lity Company for Authorization to Transact Business in Florida." Certificate of ove referenced foreign limited liability company to transact business in Florida			
Please r	return all correspondence concerning this mat	ter to the following:			
	Greg Crawford				
		Name of Person			
	Synsus Private Label Partners, LLC				
	^	Firm/Company			
	18211 Katy Freeway, Suite 325				
		Address			
Houston, TX 77094					
	-	City/State and Zip Code			
	greg.crawford@synsus.com				
	E-mail address: (t	o be used for future annual report notification)			
For furt	her information concerning this matter, please	e call:			
Matt Kreider		760 445-1348 at ()			
	Name of Contact Person	at () Area Code Daytime Telephone Number			
Mailing Address:		Street Address:			
Registration Section		Registration Section			
Division of Corporations P.O. Box 6327		Division of Corporations			
		The Centre of Tallahassee			
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the following amour Please make check payable to: FLORIDA I S125.00 Filing Fee S130.00 Filing Certifica	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:

React Industries, LLC (Name of Foreign	Limited Liability Company; must include "Limited L	Jability Compan	y." "L.L.C"	or "LLC.")			
f'name unavailable, enter aliernate i	name adopted for the purpose of transacting business in Flori	da. The alternate na	une must inclu	de "Limited L	labihiy Comp	any," "L	L.C," or "LLC
Delaware							
Hurisdiction under the law of w	hich foreign limited liability company is organized)	3		(FEI num	ber, if applica	ble)	
	(Date first transacted business in Florida, if prior to reg (See sections 605.0904 & 605.0905, F.S. to determine	pstration.) penalty liability)					
18211 Katy Freeway, 5			Katy From	ear Suite	325		
reet Address of Principal Office)		6.	Katy Freev	vay, suite			
reet Address of Frincipal Office)		INIA	illing Address)				
Houston, TX 77094		Houston, TX 77094					
Name:	CT Corporation System 1200 South Pine Island Road				F14	2024 AUG -9 PH	AND FILED
Office Address:					25	6: 2	
	Plantation		3 Florida _	3324		0	
	(City)			(Zip code)			
esignated in this applicate comply with the provisi	tance: gistered agent and to accept service of pro tion, I hereby accept the appointment as r ons of all statutes relative to the proper a s of my position as registered agent.	egistered age	nt and agi	ree to act.	in this ca	pacity.	. I further
	/s/ Sabrina Tillapaugh						
	(Registered agent's sign	nature i					
	Sabrina Tillapaugh, Asst. Sec.						

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: Greg Crawford Name: __ Matt Kreider □ Manager □ Manager Address: ____ 18211 Katy Freeway, Suite 325 Address: ____ 8211 Katy Freeway, Suite 325 □Member □Member Houston, TX 77094 Houston, TX 77094 ■Authorized **■** Authorized Person Person □Other_____ □Other____ □Other____ □Other___ □Manager Name: _____ □ Manager Name: _____ □Member □Member Address: ___ Address: ☐ Authorized Authorized Person Person □Other_____ □Other____ ☐ Other_____ □Other □Manager Name: □Manager Name: _____ □Member Address: Address: □ Authorized □Authorized Person Person 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 fulse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Greg Crawford

—002030544050 Signature of an authorized person

Greg Crawford, Authorized Person

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "REACT INDUSTRIES, 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 EIGHTH DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REACT INDUSTRIES, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF JULY, A.D. 2024.

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



Jeffrey W. Bullock, Secretary of State