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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Zach Reuter Flooring LLC Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Zach Reuter Name of Person
Zach Reuter Flooring LLC Firm/Company
1144 E Johnson Ave Address
Pensacola FL 32514  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (907) 799-4662  Name of Contact Person Area Code Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE  \$\Boxed{\subseteq}\$

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY

Alaska ion under the law of whi	ch foreign limited liability company is organized)	3	92-073 (FEI number	Q Y I Y
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration.) tine penalty liability	·)	
65 10th	Ave	6	665 1075 (Mailing Address)	Ave
airban ks	3, AK		Fairbanks,	, kK
9970)			9970	<u> </u>
ınd <u>street address</u>	of Florida registered agent: (P.O. Box	c <u>NOT</u> accep	table)	
Name:	Zach Reuter		_	
Office Address:	1144 E Johnson	Ave	_	
	Pens acola		Florida	<u>1</u> ; 33

(Registered 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: Title or Capacity: Name and Address: Name: Zach Reuter ☑Manager | □Manager Name: \_\_\_\_ Address: 1144 E John Son Ave □Member □Member Address: Pensacola , FL □Authorized □ Authorized \_32514 Person Person □Other □Other\_ □Other \_\_\_\_\_ □Other\_\_ □Manager Name: \_\_\_\_\_ Name: ☐ Manager □ Member Address: Address: □Member ☐ Authorized ☐ Authorized Person Person □Other\_\_\_\_\_ Other\_\_\_\_ □Other\_\_\_\_ □Other\_\_\_\_ Name: □Manager □Manager Name: \_\_\_\_\_ ☐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 felony as provided for in s.817.155, F.S.