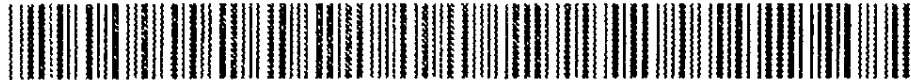


Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : LIGHTSEY & ASSOCIATES, PA
 Account Number : 120060000130
 Phone : (407)522-0025
 Fax Number : (407)385-7249

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: mike@wisdomdevelopment.com

Foreign Limited Liability Company
 RER Enterprises, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	02
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 K. Brumbley

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN COMPLIANCE WITH SECTION 055.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA1. RER ENTERPRISES, L.L.C.
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name not suitable, enter alternate name, adapted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Illinois
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FED number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration)
(See sections 055.0903 & 055.0905, F.S., to determine penalty liability)5. 405 SW Commercial St
(Street Address or Principal Office)6. 405 SW Commercial St
(Mailing Address)

Peoria, IL 61602

Peoria, IL 61602

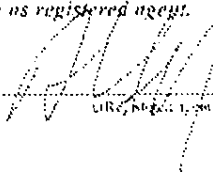
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Alton L. Lightsey

Office Address: 222 W. Cornstock Ave, Suite 200

Winter Park, Florida 32789
(City) (Zip code)

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.
(Signature of Registered Agent)2024 DEC -2 PM 1:37
SECRETARY OF STATE
MAIL ADDRESS FLORIDAAPPROVED
AND
FILED

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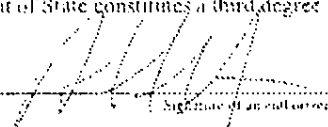
3. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: Michael J. Wisdom	☐ Manager	Name: _____
☐ Member	Address: 405 SW Commercial St	☐ Member	Address: _____
☐ Authorized	Peoria, IL 61602	☐ Authorized	_____
Person: _____		Person: _____	
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person: _____		Person: _____	
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ 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. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

4. 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 805.0203 (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.



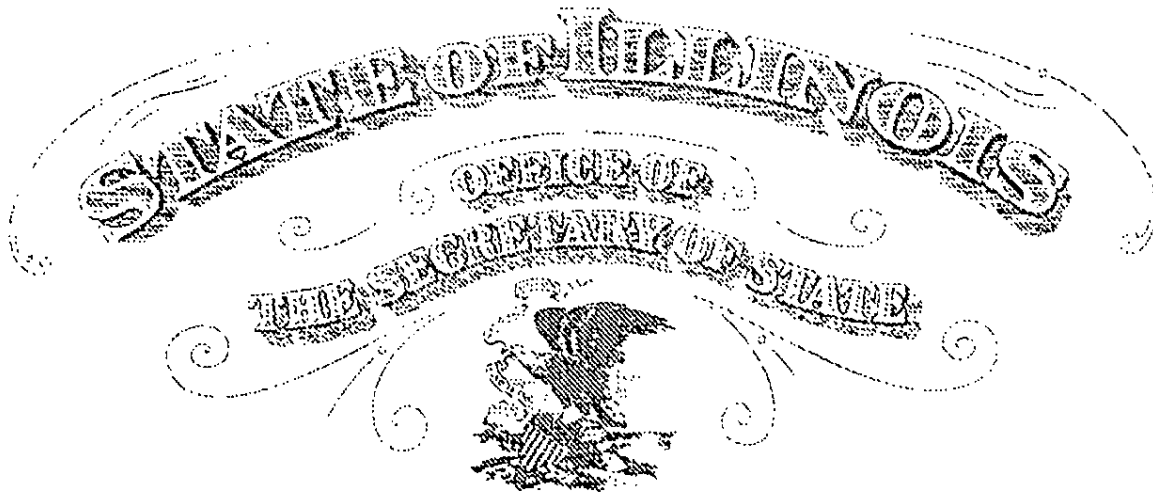
 Signature of an authorized person
 Alton L. Lightsey, Authorized Person

 Typed or printed name of signatory

H24000396788.1

File Number

0026753-8



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

RER ENTERPRISES, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 18, 1999, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 22ND day of NOVEMBER A.D. 2024 .