

Division of Corporations

# Florida Department of State

M24 000004162

Division of Corporations  
Electronic Filing Cover Sheet

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

From:  
Account Name : REGISTERED AGENTS INC.  
Account Number : T20090000081  
Phone : (307)200-2803  
Fax Number : (813)436-5206

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

Email Address: \_\_\_\_\_

### Foreign Limited Liability Company Reserve-9 Holdings LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 04       |
| Estimated Charge      | \$125.00 |

RECEIVED

2024 MAR 29 PM 2:16

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



2024 MAR 29 PM 1:43

FILED

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:

1. Reserve-9 Holdings LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

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

3. 93-2570925
(FEI number, if applicable)

4.
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 7901 4th St N STE 300
(Street Address of Principal Office)
St. Petersburg FL 33702

6. 7901 4th St N STE 300
(Mailing Address)
St. Petersburg FL 33702

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

Name: Registered Agents Inc

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702
(City) (Zip code)

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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.

David Flores
(Registered agent's signature)

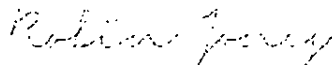
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>                     | <u>Name and Address:</u>                                  | <u>Title or Capacity:</u>                     | <u>Name and Address:</u>             |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> Manager              | Raven RL Trust & Stephen RL Trust<br>Name: _____          | <input type="checkbox"/> Manager              | Name: _____                          |
| <input checked="" type="checkbox"/> Member    | Address: 7901 4th St N STE 300<br>St. Petersburg FL 33702 | <input type="checkbox"/> Member               | Address: _____                       |
| <input type="checkbox"/> Authorized<br>Person | _____   | <input type="checkbox"/> Authorized<br>Person | _____                                |
| <input type="checkbox"/> Other _____          | <input type="checkbox"/> Other _____                      | <input type="checkbox"/> Other _____          | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager              | Name: _____   | <input type="checkbox"/> Manager              | Name: _____                          |
| <input type="checkbox"/> Member               | Address: _____  | <input type="checkbox"/> Member               | Address: _____                       |
| <input type="checkbox"/> Authorized<br>Person | _____   | <input type="checkbox"/> Authorized<br>Person | _____                                |
| <input type="checkbox"/> Other _____          | <input type="checkbox"/> Other _____                      | <input type="checkbox"/> Other _____          | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager              | Name: _____   | <input type="checkbox"/> Manager              | Name: _____                          |
| <input type="checkbox"/> Member               | Address: _____  | <input type="checkbox"/> Member               | Address: _____                       |
| <input type="checkbox"/> Authorized<br>Person | _____   | <input type="checkbox"/> Authorized<br>Person | _____                                |
| <input type="checkbox"/> Other _____          | <input type="checkbox"/> Other _____                      | <input type="checkbox"/> Other _____          | <input type="checkbox"/> 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.

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

Robin Jones

\_\_\_\_\_  
Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RESERVE-9 HOLDINGS 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-NINTH DAY OF MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RESERVE-9 HOLDINGS LLC" WAS FORMED ON THE TWENTIETH DAY OF APRIL, A.D. 2023.

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



*Jeffrey W. Bullock*  
 \_\_\_\_\_  
 Jeffrey W. Bullock, Secretary of State

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SR# 20241225395

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203143605

Date: 03-29-24