

STATE OF NEVADA

**BARBARA K. CEGAVSKE**

*Secretary of State*



**OFFICE OF THE  
SECRETARY OF STATE**

*Commercial Recordings Division*

*202 N. Carson Street*

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**KIMBERLEY PERONDI**

*Deputy Secretary for*

*Commercial Recordings*

**Business Entity - Filing Acknowledgement**

01/25/2022

**Work Order Item Number:** W2022012501834 - 1863056

**Filing Number:** 20222048485

**Filing Type:** Certificate of Reinstatement

**Filing Date/Time:** 01/25/2022 13:52:31 PM

**Filing Page(s):**

**Indexed Entity Information:**

**Entity ID:** E0027082019-4

**Entity Name:** 709TH MILITARY POLICE  
BATTALION ASSOCIATION LLC

**Entity Status:** Active

**Expiration Date:** None

Non-Commercial Registered Agent

WILLIAM J. NEWMAN JR

1801 SAN JOAQUIN DRIVE, RENO, NV 89521, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

A handwritten signature in black ink that reads "Barbara K. Cegavske".

BARBARA K. CEGAVSKE  
Secretary of State



**BARBARA K. CEGAVSKE**  
 Secretary of State  
 202 North Carson Street  
 Carson City, Nevada 89701-4201  
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 Website: [www.nvsos.gov](http://www.nvsos.gov)  
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Filed in the Office of <i>Barbara K. Cegavske</i>	Business Number <b>E0027082019-4</b>
Secretary of State State Of Nevada	Filing Number <b>20222048485</b>
	Filed On <b>01/25/2022 13:52:31 PM</b>
	Number of Pages <b>4</b>

# Certificate of Reinstatement/Revival

**NRS 78, 78A, 80, 81, 82, 84, 86, 87, 87A, 88, 88A and 89**

Reinstatement

Revival

<b>1. Entity information:</b>	Name of entity as on file with the Nevada Secretary of State: <b>709TH MILITARY POLICE BATTALION ASSOCIATION LLC</b>
	Entity or Nevada Business Identification Number (NVID): <b>NV20191054195</b>
<b>2. Registered Agent for Service of Process:</b> (check only one box)	<input type="checkbox"/> Commercial Registered Agent (name only below) <input checked="" type="checkbox"/> Noncommercial Registered Agent (name and address below) <input type="checkbox"/> Office or position with Entity (title and address below)
<b>2a. Certificate of Acceptance of Appointment of Registered Agent:</b> (Include "Registered Agent Acceptance/ Statement of Change" form if needed for signature)	<b>WILLIAM J. NEWMAN JR</b> Name of Registered Agent OR Title of Office or Position with Entity <b>1801 SAN JOAQUIN DRIVE</b> <b>Reno</b> Nevada <b>89521</b> Street Address    City    Zip Code  Mailing Address (If different from street address)    City    Zip Code
	<i>I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.</i> <b>X</b> _____ Date _____ Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity
<b>3. Date When Revival is to Commence:</b>	Date when revival of charter is to commence or be effective, which may be before the date of the certificate: _____
<b>4. Duration of Revival:</b> (A date is required for entities under NRS 88)	Indicate whether or not the revival is to be perpetual, and, if not perpetual, the time for which the revival is to continue. Limited Partnership under NRS 88 must indicate a date. The corporation's existence shall be: PERPETUAL or _____
<b>5. Current List :</b>  Reinstatements: List of Officers, Managers, Managing Members, General Partners, Managing Partners, Trustee or Subscribers  Revivals: List of Officers, Managers, Managing Members, General Partners, Managing Partners or Trustee	CORPORATION, INDICATE THE <u>MANAGING MEMBER</u> , OR EQUIVALENT OF: Title: <b>MANAGING MEMBER</b> <b>ANTHONY LATARSKI</b> <b>USA</b> Name    Country <b>11300 LOVELAND</b> <b>LIVONIA</b> <b>MI</b> <b>48150</b> Address    City    State    Zip/Postal Code  CORPORATION, INDICATE THE <u>MANAGING MEMBER</u> , OR EQUIVALENT OF: Title: <b>MANAGING MEMBER</b> <b>SAMUEL HARGADINE</b> <b>USA</b> Name    Country <b>4930 E. HIGHWAY 124</b> <b>HALLSVILLE</b> <b>MO</b> <b>65255</b> Address    City    State    Zip/Postal Code  CORPORATION, INDICATE THE <u>MANAGING MEMBER</u> , OR EQUIVALENT OF: Title: <b>MANAGING MEMBER</b> <b>WILLIAM J. NEWMAN, JR</b> <b>USA</b> Name    Country <b>1801 SAN JOAQUIN DRIVE</b> <b>RENO</b> <b>NV</b> <b>89521</b> Address    City    State    Zip/Postal Code

This form must be accompanied by appropriate fees.

# SECRETARY OF STATE



## NEVADA STATE BUSINESS LICENSE

709TH MILITARY POLICE BATTALION ASSOCIATION  
LLC

**Nevada Business Identification # NV20191054195**

**Expiration Date: 01/31/2023**

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.

**License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.**



Certificate Number: B202201252335214

You may verify this certificate  
online at <http://www.nvsos.gov>

IN WITNESS WHEREOF, I have hereunto set my  
hand and affixed the Great Seal of State, at my  
office on 01/25/2022.

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State