M170000000058

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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FLORIDA DEPARTMENT OF STATEL AHASSILLE DIVISION of Corporations

January 5, 2017

LESLIE FISCHER 1441 BRICKELL AVE, STE 1007 MIAMI, FL 33131

SUBJECT: REV FINANCIAL SERVICES, LLC

Ref. Number: W1700000932

We have received your document for REV FINANCIAL SERVICES, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 517A00000283

COVER LETTER

TO: Registration Section Division of Corporations				
REV Financial Serv SUBJECT:	ices, LLC			
	Name of corporatio	n - must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Fo "Certificate of Existence," or "Ce above referenced foreign corpora	ertificate of Good Sta	nding" and check are sub	ct Business in Florida," emitted to register the	
Please return all correspondence Leslie Fischer	concerning this matte	er to the following:		
	Name of	Person		
REV Financial Services, LLC				
1441 Brickell Ave, Suite 1007	Firm/Cor	npany		
Miami, FL 33131	Addı	ress		
Leslie.Fischer@revgroup.com	City/State	and Zip code		
E-mail	address: (to be used	for future annual report r	notification)	
For further information concerning	ng this matter, please	call:		
Lestic Fischer	786 at (536-1882	536-1882	
Name of Person	Area Coo	de Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Registration S Division of Co P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the follow	ving amount:			
	75 Filing Fee & fificate of Status	\$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	cial Services, LLC		
	of corporation; must include "INCORPORATED," " "Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	Ι,''
	REV Financial	LLC	
(If name una	vailable in Florida, enter alternate corporate name a		g business in Florida)
Delaware 2.	3.	36-4838726	
-· 	untry under the law of which it is incorporated)	(FEI number, if applicable)	
3/29/2016	5		
· · · —	Date of incorporation)	(Date of duration, if other than perpetual)	
January 201	7	•	
7	I Ave, Suite 1007 Miami FL 33131 (Principal)	al office address)	
	(Current mailin	g address, if different)	l
8. Name and s	street address of Florida registered agent: (P.C C T Corporation System	Box NOT acceptable)	17 JAN 20
Office Addres	1200 South Pine Island Road		
	Plantation	33324 , Florida	M 10: 1-5
	(City)	(Zip code)	- CT
0.5.4			

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

James M. Halpin
Assistant Secretary

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman:

Chairman		· · · · · · · · · · · · · · · · · · ·
Address:		
Vice Chai	rman:	• • • • • • • • • • • • • • • • • • • •
Director:		
Director:		
Address:		
B. OFF	CERS	and the same
President:	Timothy W. Sullivan	20
Address:	111 East Kilbourn Ave., Suite 2600	5
	Milwaukee, WI 53202	: 5
Vice Presi	Stan Edme	
Address:	330 Madison Ave	
	New York, NY 10017	
Secretary:	Pamela S. Krop	
Address:	1441 Brickell Avenue, Suite 1007, Miami, FL 33131	
Treasurer:	Dean J. Nolden	
	111 East Kilbourn Ave., Suite 2600, Milwaukee, WI 53202	
	If necessary, you may attach ap addendant to the application listing additional offic	cers and/or directors
	Del hallen	in the control of the
	Signature of Director or Officer	
are true a	er or director signing this document (and who is listed in number 11 above) affirms and that he or she is aware that false information submitted in a document to the Degree felony as provided for in s.817.155, F.S.	s that the facts stated herein partment of State constitutes
	Dean J. Nolden	

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "REV FINANCIAL SERVICES 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 SIXTEENTH DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

Authentication: 201875980

Date: 01-16-17