## M17000008827

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

Office Use Only



900304358479

17 CCT 17 AN 6:21

, 17 OCT 17 PH 4: 29

OCT 18 2017 HARRIS

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 870981 8035779

AUTHORIZATION Comela

COST LIMIT ! \$-125.00

ORDER DATE: October 17, 2017

ORDER TIME : 2:35 PM

ORDER NO. : 870981-020

CUSTOMER NO: 8035779

FOREIGN FILINGS

NAME: REVA KAY TAMPA IBC 2, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XXX PLAIN STAMPED COPY

\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

## COVER LETTER

•	istration Section ision of Corporation	s		
CUDIFICE.	REVA KU	Y Tampe IBC	2,440	
SUBJECT:		Name of I	Limited Liability Comp	any
The enclosed Existence, as	I "Application by For ad check are submitted	eign Limited Liability Comp I to register the above refere	any for Authorization tenced foreign limited lia	o Transact Business in Florida," Certificate of ability company to transact business in Florida.
Please return	all correspondence of	oncerning this matter to the	following:	
	Stevens M. Sad	ler		
		No	ame of Person	
	Real Estate Val	ue Advisors, LLC		
		Fi	rm/Company	
	5540 Falmouth	Street, Suite 302		
			Address	
	Richmond, VA	23230		
	<del></del>	City/S	tate and Zip Code	
	jm@allegiancy.u			
		E-mail address: (to be used	I for future annual repo	rt notification)
For further i	nformation concernin	g this matter, please call:		
JM	Ramey		804 20 ar ( )	18-0997
_	Name o	t Contact Person	Area Code	Daytime Telephone Number
Div Reg P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 lahassee, FL 32314		Divi Reg Clif 266	REET ADDRESS: ision of Corporations istration Section ion Building 1 Executive Center Circle ahassee, FL 32304
	a check for the follow \$125,00 Filing Fee	ing amount:  ☐ \$130.00 Filing Fee &  Certificate of Status	S155.00 Filing Fed Certified Copy	e & ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

## 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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ame unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flor	ida. The alternate name must in	clude "Limited Liability (	Company," "L.L.C." or "LLC
Ocławare		3		
(Junselection under the law of wh	sich foreign limited liability company is organized)		(FEI mambet, if	applicable)
October 10, 2017				
0(10),2011	(Date first transacted business in Florida, if prior to a [See sections 605 0904 & 605 0905, F.S. to determine	registration 1		_
CCAO Folianas Comunic		6. same		
5540 Falmouth Street, (Street Address of F	Principal Office)	6.	(Mailing Address)	- 6
Richmond, VA 23230				
		<del></del>		
	<del></del>			- ;
Non- and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)		7 L v
Name and Street addres				··· · · · · · · · · · · · · · · · · ·
Name:	Corporation Service Company			ମ
Office Address:	1201 Hays Street			F-3
()Trice : (odress:	T. Male and a second		. 32301	44
	Taliahassee (Cay)	Floric	la 32301 (Zip code)	<del></del>
comply with the provis d accept the obligation	ions of all statutes relative to the proper is of my position as registered agent.  Corporation Service Company  By:	and complete perform	d agree to act in to mance of my duti	Roxanne - Roxanne - Asst. Vice P
d accept the obligation	Sof my position as registered agent.  Corporation Service Company  By:  (Registered agent's	and complete perform	Description of my duti	es, and I am familia Roxanne
d accept the obligation	s of my position as registered agent. Corporation Service Company By:	and complete perform	anage is/are:	es, and I am familia Roxanne
ad accept the obligation  The name, title or cap	Corporation Service Company By:  (Registered agent's active and address of the person(s) who have and Address:  Stevens M. Sadler	signanae) as/have authority to ma	anage is/are:	Roxanne  Asst. Vice P
The name, title or cap	Corporation Service Company By:  (Registered agent's acity and address of the person(s) who has Name and Address:  Stevens M. Sadler  5540 Falmouth Street Suite 30	signanae) as/have authority to ma	anage is/are:	Roxanne  Asst. Vice P
The name, title or cap	Corporation Service Company By:  (Registered agent's active and address of the person(s) who have and Address:  Stevens M. Sadler	signanae) as/have authority to ma	anage is/are:	Roxanne  Asst. Vice P
The name, title or cap	Corporation Service Company By:  (Registered agent's acity and address of the person(s) who has Name and Address:  Stevens M. Sadler  5540 Falmouth Street Suite 30	signanae) as/have authority to ma	anage is/are:	Roxanne  Asst. Vice P
The name, title or cap	Corporation Service Company By:  (Registered agent's acity and address of the person(s) who has Name and Address:  Stevens M. Sadler  5540 Falmouth Street Suite 30	signanae) as/have authority to ma	anage is/are:	Roxanne  Asst. Vice P
The name, title or cap	Corporation Service Company By:  (Registered agent's acity and address of the person(s) who has Name and Address:  Stevens M. Sadler  5540 Falmouth Street Suite 30	signanae) as/have authority to ma	anage is/are:	Roxanne  Asst. Vice P
The name, title or cap Title or Capacity: Manager	Sof my position as registered agent. Corporation Service Company By:  (Registered agent's acity and address of the person(s) who ha Name and Address:  Stevens M. Sadler  5540 Falmouth Street Suite 30 Richmond VA 23230	signanae) as/have authority to ma	anage is/are:	Roxanne  Asst. Vice P
The name, title or cap Title or Capacity: Manager	Corporation Service Company By:  (Registered agent (Registered agent)	as/have authority to market or Capaci	anage is/are:	Roxanne Roxanne Asst. Vice P
The name, title or cap Title or Capacity: Manager  Jse attachments if neces Attached is a certificate risdiction under the law	Sof my position as registered agent. Corporation Service Company By:  (Registered agent's  acity and address of the person(s) who ha  Name and Address:  Stevens M. Sadler  5540 Falmouth Street Suite 30  Richmond VA 23230.  ssary)  e of existence, no more than 90 days old, of which it is organized, (If the certification)	as/have authority to market or Capaci	anage is/are:	Roxanne Roxann
The name, title or cap Title or Capacity: Manager  Attached is a certificate arisdiction under the law father translator must be seen as a content of the translator must be seen as a certificate arisdiction under the law father translator must be seen as a certificate arisdiction under the law father translator must be seen as a certificate arisdiction under the law father translator must be seen as a certificate arisdiction under the law father translator must be seen as a certificate arisdiction under the law father translator must be seen as a certificate arisdiction under the law father translator must be seen as a certificate arisdiction under the law father translator must be seen as a certificate arisdiction under the law father translator must be seen as a certificate arisdiction under the law father translator must be seen as a certificate arisdiction under the law father translator must be seen as a certificate arisdiction under the law father translator must be seen as a certificate arisdiction under the law father translator must be seen as a certificate arisdiction under the law father translator must be seen as a certificate arisdiction under the law father translator must be seen as a certificate arisdiction under the law father translator must be seen as a certificate arisdiction are certificated arisdiction are certificated arisdiction are certificated arisdiction and certificated arisdiction are certificated ar	Sof my position as registered agent. Corporation Service Company By:  (Registered agent's acity and address of the person(s) who has Name and Address:  Stevens M. Sadler  55-40 Falmouth Street Suite 30 Richmond VA 23230  ssary)  e of existence, no more than 90 days old, of which it is organized. (If the certificate submitted)	duly authenticated by te is in a foreign langu	the official havin	Roxanne Roxanne Roxanne Asst. Vice P  Same and Address:  g custody of records of the certificate und
The name, title or cap Title or Capacity: Manager  Attached is a certificate arisdiction under the law of the translator must be seen.	Sof my position as registered agent. Corporation Service Company By:  (Registered agent)  acity and address of the person(s) who have and Address:  Stevens M. Sadler  5540 Falmouth Street Suite 30  Richmond VA 23230.  ssary)  e of existence, no more than 90 days old, of which it is organized, (If the certificate submitted)  cutted in accordance with section 605.020	duly authenticated by te is in a foreign langu	the official havin age, a translation	Roxanne Roxann
The name, title or cap Title or Capacity: Manager  Attached is a certificate arisdiction under the law of the translator must be seen.	Sof my position as registered agent. Corporation Service Company By:  (Registered agent)  acity and address of the person(s) who have and Address:  Stevens M. Sadler  5540 Falmouth Street Suite 30  Richmond VA 23230.  ssary)  e of existence, no more than 90 days old, of which it is organized, (If the certificate submitted)  cutted in accordance with section 605.020	duly authenticated by te is in a foreign langu	the official havin age, a translation	Roxanne Roxann
The name, title or cap Title or Capacity: Manager  Use attachments if neces Attached is a certificate arisdiction under the law of the translator must be seen.	Sof my position as registered agent. Corporation Service Company By:  (Registered agent)  acity and address of the person(s) who has Name and Address:  Stevens M. Sadler  5540 Falmouth Street Suite 30  Richmond VA 23230  ssary)  e of existence, no more than 90 days old, of which it is organized, (If the certificate submitted)  cented in accordance with section 605.020 to the Department of State constitutes a the constitutes as	duly authenticated by te is in a foreign langu	the official havin age, a translation ates. I am aware the rovided for in s.8	Roxanne Roxann

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "REVA KAY TAMPA IBC 2, 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 SEVENTEENTH DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REVA KAY TAMPA IBC 2, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF OCTOBER, A.D. 2017.

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

a at corn delaware gov/aut

Authentication: 203411144

Date: 10-17-17

6580187 8300 SR# 20176654784