

D21000000032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

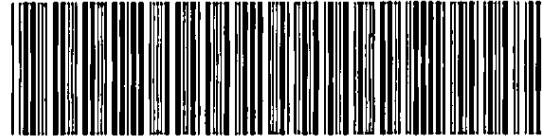
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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04/30/21--01001--002 *+357.50

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FL

2021 APR 29 AM 9:13

FILED

M 4/30/21



Filing Cover Sheet

To: Florida Division of Corporations

From: LESLIE SELLERS C/O Capitol Services, Inc.

Date: 4/29/2021

Trans#: 1197971

Entity Name: REVA CARRIER, DST,

Articles Incorporation ()

Articles of Dissolution ()

Conversion ()

Foreign Qualification ()

Limited Partnership ()

Reinstatement ()

Other (XXX) *TRUST

Articles of Amendment ()

Annual Report ()

Fictitious Name ()

Limited Liability ()

Merger ()

Withdrawal / Cancellation ()

STATE FEES PREPAID WITH CHECK #2190 FOR \$367.50

PLEASE RETURN:

Certified Copy (XXX) Plain Stamped Copy (XXX)

Good Standing () Certificate of Fact ()

FILED

**AFFIDAVIT TO THE FLORIDA SECRETARY OF STATE
TO FILE OR QUALIFY**

2021 APR 29 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FL

REVA Carrier, DST

A Delaware statutory TRUST

In accordance with Section 609.02 of the Florida Statutes, pertaining to
Common Law Declarations of Trust, the undersigned, the Chairman of the
Board of Trustees of REVA Carrier, DST, a

(Name of Trust)

Delaware statutory Trust hereby affirms in order to file or qualify

(State)

REVA Carrier, DST, in the State of Florida.

(Name of Trust)

1. Two or more persons are named in the Trust.

2. The principal address is 4800 Cox Road, Suite LL 102

Glen Allen, VA 23060

3. The registered agent and street address in the State of Florida is:

Capitol Corporate Services, Inc.

515 E. Park Avenue, 2nd Floor

Tallahassee, FL 32301

4. Acceptance by the registered agent: Having been named as registered
agent to accept service of process for the above named Declaration of Trust
at the place designated in this affidavit, I hereby accept the appointment as
registered agent and agree to act in this capacity.

Kim Tadlock

Kim Tadlock, as Asst. Secretary on behalf
of Capitol Corporate Services, Inc.

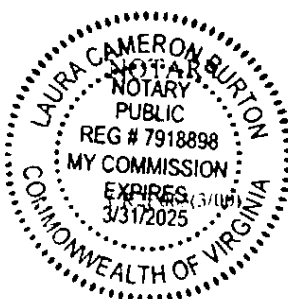
(Signature of Registered Agent)

5. I certify that the attached is a true and correct copy of the Declaration of
Trust under which the association proposes to conduct its business in
Florida.

Chris Sorensen

Name: Chris Sorensen

Manager of Sorensen Entity Services LLC, a trustee



Filing Fee: \$350.00

Certified Copy: \$ 8.75 (optional)

County/City of Chesterfield

Commonwealth/State of Virginia

The foregoing instrument was acknowledged
before me this 29 day of April,

2021 by Christopher Sorensen

(name of person seeking acknowledgment)

Laura Burton

Notary Public

My Commission Expires: 3/31/2025

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "REVA CARRIER, DST" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF STATUTORY TRUST REGISTRATION, FILED THE NINETEENTH DAY OF MARCH, A.D. 2021, AT 1:01 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID STATUTORY TRUST, "REVA CARRIER, DST".

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

5593512 8100H
SR# 20211400044

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203029725
Date: 04-22-21

STATE *of* DELAWARE CERTIFICATE *of* TRUST

This Certificate of Trust is filed in accordance with the provisions of the Delaware Statutory Trust Act (Title 12 of the Delaware Code, Section 3801 et seq.) and sets forth the following:

• **First:** The name of the trust is REVA Carrier, DST

• **Second:** The name and address of the Delaware trustee is

Sorensen Entity Services LLC, located at 1201 N. Orange Street, Suite 7044,
Wilmington, Delaware 19801-1189.

• **Third:** (Insert any other information the trustees determine to include therein.)

SORENSEN ENTITY SERVICES LLC

By: 

Trustee(s)

Chris Sorensen, Manager of Sorensen

Name: Entity Services LLC, the Delaware trustee

Typed or Printed