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SECRETARY OF STATE

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COVER LETTER

TO:	Registration Section Division of Corporations			
SHRI	ECT: CV GP. Inc.			
3000	Name of	corporation - m	ust include suffix	
Dear S	iir or Madam:			
"Certif	nclosed "Application by Foreign Corplicate of Existence," or "Certificate of referenced foreign corporation to tran	Good Standing	g" and check are subn	
Please	return all correspondence concerning	this matter to t	he following:	
Sean N	deGeehan			
		Name of Pers	on	
The Ko	ohn Partnership, LLP			
		Firm/Compan	y	
138 N.	Meramec Ave.			
	•	Address		
St. Lou	uis, MO 63105			
	(City/State and Z	Lip code	
scan@	kohn-partnership.com			
	E-mail address: (to be used for f	uture annual report no	otification)
For fur	rther information concerning this matt	er, please call:		
Sean N	McGeehan at (314) 721-8888 Name of Person Area Code Daytime Telephone Number			
	Name of Person	Area Code	Daytime Teleph	one Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ction rporations
Please	sed is a check for the following amour make check payable to: FLORIDA DEP 0.00 Filing Fee	ARTMENT OF Fee &	STATE 8.75 Filing Fee & ertified 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.

(If name unavaila	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting	; business in Florida)	
AR	(State or country under the law of which it is incorporated) (FEI number, if applicable)			
	y under the law of which it is incorporated)	(FEI number, if applicable)		
7/8/22 	of incorporation) 5			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
	(SEE SECTIONS 607.1501 & 607.150)			
805 E. Central Av	ve., Bentonville, AR 72712 (Principal office			
805 E. Central Av	ve., Bentonville, AR 72712 (Principal office			
	ve., Bentonville, AR 72712 (Principal office	street address) address, if different)	2023 SEC	
	Pe., Bentonville, AR 72712 (Principal office) (Current mailing)	street address) address, if different)	SECRET	
Name and stree	(Principal office) (Current mailing) (Examples of Florida registered agent: (P.O.)	street address) address, if different)	SECRETAR;	
Name and stree Name:	(Principal office (Current mailing a address of Florida registered agent: (P.O. Craig Smith 5727 Virgil Pl.	street address) address, if different)	SECRETARY OF STATE TALLAHASSEE, FL	

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

(Registered agent's signature)

⊟Chairman	Name:	□Chairman	Name: Kimberly Smith	
□Vice Chairman	Address: 805 E.Central Ave.	□Vice Chairman	Address: 805 E.Central Ave.	
Director	Bentonville, AR 72712	=n:	Bentonville, AR 72712	
President		_ □President		
□Vice President		_ ■Vice President		
■ Secretary	□Treasurer	□Secretary	□Treasurer	
□Other		Other		
□Chairman	Name:	_ □Chairman	Name:	
	Address:		Address:	
_				
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□ Secretary	□Treasurer	
□Other	Other	□Other	□ Other □	
□Chairman 1	Name:	□Chairman :	Numa:	
	Address:		Nume:	
☐Director		□Director	Address:	
∃President _		□ President		
□Vice President _		□ Vice President		
☐ Secretary	□ Treasurer	□ Secretary	□Treasurer	
Other	□Other	□Other		
	e an attachment to report more than six (6). The ded to the index when filing your Florida Dep	te attachment will be imaged f partment of State Annual Repo	or reporting purposes only. Non-indexed ort form.	
	85	tetor or Officer		



Arkansas Secretary of State John Thurston

State Capitol Building • Little Rock, Arkansas 72201-1094 • 501-682-3409

Certificate of Good Standing

I, John Thurston, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

CV GP, INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office July 8, 2022.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 15th day of August 2023.

Iohn Thurston
ne Certificate Authorization Code: 79b0243a0a9a991
Secretary of State
To verify the Authorization Code, visit sos.arkansas.gov