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(Re	questor's Name)	· · · ·
(Ad	dress)	
(Ad	dress)	· <u></u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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17 OCT 17 PH 4: 29

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 870981 _ 8035779

AUTHORIZATION: Symbolic man

COST LIMIT : \$125.00

ORDER DATE: October 17, 2017

ORDER TIME : 2:30 PM

ORDER NO. : 870981-015

CUSTOMER NO: 8035779

FOREIGN FILINGS

NAME: REVA KAY TAMPA IBC 2 MT, LLC

XXXX QUALIFICATION (TYPE: LL)

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

TO:

TO:		tration Section on of Corporation	ıs.				
SUBJEC	r CT:	EVA Kay Tampa l	BC 2 MT, LLC				
.90 BO G	C-1		Name of I	Limited Liability C	ompany		
The encl Existenc	losed " e. and	Application by For check are submitte	eign Limited Liability Comp d to register the above refere	oany for Authorizat enced foreign limit	tion to Tra ed liability	insact Business in Florida." Certificate company to transact business in Flori	
Please re	eturn a	Il correspondence c	oncerning this matter to the	following:			
		Stevens M. Sad	ler				
			N	ame of Person			
		Real Estate Val	ue Advisors, LLC				
		<u></u>	Fi	rm/Company			
		5540 Falmouth	Street, Suite 302				
Address							
		Richmond, VA	Richmond, VA 23230				
			City/8	tate and Zip Code			
		jm@allegiancy.u	s				
			E-mail address: (to be use	d for future annual	report not	ification)	
For furth	her info	ormation concernin	g this matter, please call:				
	JM R	amey		804 at (208-09		
		Name o	T Contact Person	Area Code	Day	time Telephone Number	
	Divis Regis P.O. 1	LING ADDRESS: ion of Corporations tration Section Box 6327 massec, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section uilding centive Center Circle see, Fl. 32301	
Enclose		theck for the follow 25.00 Filing Fee	ing amount: \$\Bigsire\$ \$130.00 Filing Fee & Certificate of Status	S155.00 Filin Certified Copy	ig Fee &	☐ \$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 (05.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name enavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name mass include "Limited Liability Company," "L.L.C. Delaware	17 0c
October 10, 2017 (Date first transacted business in Florida, if prior to registration) (See sections 605 0904 & 605,0905, F.S. to determine penalty liability) 5540 Falmouth Street, Suite 302 (Street Address of Principal Office) Richmond, VA 23230 (Mailing Address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	17.00
(Junsaliction under the law of which foreign limited liability company is organized) October 10, 2017 (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605,0905, F.S. to determine penalty liability.) 5540 Falmouth Street, Suite 302 (Street Address of Principal Office) Richmond, VA 23230 Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	17/06
October 10, 2017 (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605,0905, F.S. to determine penalty liability.) 5540 Falmouth Street, Suite 302 (Street Address of Principal Office) Richmond, VA 23230 Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	17 00
(Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605,0905, F.S. to determine penalty liability.) 5540 Falimouth Street, Suite 302 (Sure) Address of Principal Office) Richmond, VA 23230 Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	1700
(Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605,0905, F.S. to determine penalty liability.) 5540 Falmouth Street, Suite 302 (Street Address of Principal Office) Richmond, VA 23230 Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	17 00
Since Address of Principal Office) Richmond, VA 23230 Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	17 00
(Street Address of Principal Office) Richmond, VA 23230 Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	17/00
Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	17/00
	17 O.C
	(7)
	-11
Name: Corporation Service Company	
1201 How Street	1
Office Address: 1201 riays Street	, 700 HI
Taliahassee, Florida 32301	· +
(City) (Zip code)	9
Corporation Service Company Co	ect VICt
	331. 1.0
	331. 113
The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and A	
The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and A Stevens M. Sadler	
The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Manager Stevens M. Sadler 5540 Falmouth Street Suite 302	
The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and A Stevens M. Sadler	
The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Manager Stevens M. Sadler 5540 Falmouth Street Suite 302	
The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Manager Stevens M. Sadler 5540 Falmouth Street Suite 302	
The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Manager Stevens M. Sadler 5540 Falmouth Street Suite 302	
The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Manager Stevens M. Sadler 5540 Falmouth Street Suite 302	

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "REVA KAY TAMPA IBC 2 MT, 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 MT, 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.

6580184 8300 SR# 20176654787 Authentication: 203411145

Date: 10-17-17