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COVER LETTER

TO:

TO: Registration Section Division of Corporations							
SUBJE	.CT:	Rev	r.do, 11c				
			Name of	f Limited Liability (Company	,	1
		lication by For	eign Limited Liability Con	npany for Authoriza	ation to Tra	nsact Business in Florida." company to transact busine	
Please r	eturn all co	rrespondence o	concerning this matter to the	e following:			
	_	Da	vid Helke	<u>^</u>			;
			1	Name of Person			
		R.	.v.de, 11c				
	_		Ţ.	Firm/Company			1
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		dav	22 helker E-mail address: (to be us	crawfor	2.00	m	
			E-mail address: (to be us	ed for future annua	I report not	ification)	
For furt	her informa	ation concernin	g this matter, please call:				
	Daste	e) Helix	ور f Contact Person	at (972	97.	9 0167	,
		Name o	of Contact Person	Area Code	Day	time Telephone Number	1
	Division of	G ADDRESS: of Corporations on Section			Division of	*ADDRESS: of Corporations on Section	
	P.O. Box					uilding cutive Center Circle ee, FL 32301	
Enclose	ed is a checl	k for the follow	ring amount:				1
		0 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filion Certified Copy		☐ \$160.00 Filing Fee, Çe of Status & Certified Copy	



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 19, 2017

DAVID P HELKER 8608 MAZZINI CT FLOWER MOUND, TX 75022

SUBJECT: REVIDO, LLC Ref. Number: W17000083514

We have received your document for REVIDO, LLC and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$55.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 017A00021142

2017 NOV -6 FM 6: 0

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	ON 605.0902, FLORITM STATUTES NESS INTHE STATE OF FLORIDA		S SUBMITTED TO REGIST.	ER A FOREIGN LIMITED	UABILITY
1. Revid	d 11 c mited Liebility Company; must include	"Limited Liability Con	npany," "T.T.C.," or "T.T.C.")	<u>;</u>	
(If name unavailable, enter alternate name	adopted for the purpose of transacting basis				2.7)
2. TX (Jurisdiction under the law of which	foreign limited liability company is organize	3	81 273 60 (FEI aunit	cer, if applicable)	
4. 1/9	Date liest transacted business at Florida, (See sections 605,0904 & 605,0905, F.S.	if prior to registration.)			,
5 6608 Maz	(See sections 605,0904 & 605,0905, F.S. 2:07 C+ cipal Office)		Sane (Mailing Add	-	2617
	ipal Office)		(Mailing Add	ES3)	HO4
				7 37 4 9 4 5 7 1	6
7. Name and street address of Name:	of Florida registered agent: (P.		otable)	- i - i	子 ?:
	10841 SW 9.	3 mg 5 +			1:3
Registered agent's accepta	Miani (City)		, Florida <u>3317</u> (Zip cod	<u>C</u>	
Having been named as regi- designated in this application to comply with the provision	stered agent and to accept serven, I hereby accept the appoint is of all statutes relative to the firmy position as registered age	ment as registered proper and comple	agent and agree to act	in this capacity. I furth	ier ugree
	ty and address of the person(s) Name and Address:	who has/have author	ority to manage is/are:	Name and Address:	1
Manager / Member	Dust P, Hell 2003 Maszer	cer			1
Mange / Menhar	Dama Cabrera 10841 Sw 13 col Minori, FL 31	5+			1
(Use attachments if necessar	y)			•	
9. Attached is a certificate of jurisdiction under the law of of the translator must be sub-	f existence, no more than 90 day which it is organized. (If the co mitted)	ys old, duly authent rtificate is in a fore	icated by the official ha ign language, a translati	ving custody of records ion of the certificate und	in the ler oath
10. This document is execute submitted in a document to the	ed in accordance with section 60 me Department of State constitu	05.0203 (1) (b), Flo tes a third degree fe	rida Statutes. I am awar lony as provided for in	e that any false informat 5.817.155, F.S.	ion
_	- Jan L Gr	Signature of an authorized	PETRON		
_	David P	Typed or proxed more of	ignor		

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Rolando B. Pablos Secretary of State

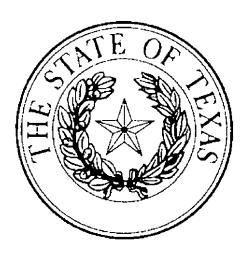
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Revido, Ilc (file number 802461643), a Domestic Limited Liability Company (LLC), was filed in this office on May 19, 2016.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 21 2017.





Rolando B. Pablos Secretary of State

Phone: (512) 463-5555 Prepared by: SOS-WEB