

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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**To:**

Division of Corporations  
 Fax Number : (850) 617-6383

**From:**

Account Name : INCORP SERVICES INC  
 Account Number : I20120000007  
 Phone : (702) 866-2500  
 Fax Number : (702) 866-2689

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: managedreports.com

**Foreign Limited Liability Company**  
**Retail Monster LLC**

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Corporate Filing Menu

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Retail Monster LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jennifer Sharp

\_\_\_\_\_  
Name of Person

InCorp Services, Inc.

\_\_\_\_\_  
Firm/Company

3773 Howard Hughes Pkwy. - Suite 500S

\_\_\_\_\_  
Address

Las Vegas, NV 89169-6014

\_\_\_\_\_  
City/State and Zip Code

managedreports@incorp.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Sharp on behalf of InCorp Services, Inc. 800-246-2677

\_\_\_\_\_  
Name of Contact Person

at Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☒ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Retail Monster LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_

(EFT number, if applicable)

4. Upon Registration(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)5. 709 SW A Street Suite 5

(Street Address of Principal Office)

Bentonville, AR 727126. 709 SW A Street Suite 5

(Mailing Address)

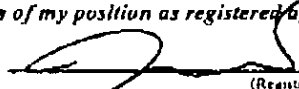
Bentonville, AR 727127. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: InCorp Services, Inc.Office Address: 17888 67th Court NorthLoxahatchee

(City)

, Florida 33470

(Zip code)

## Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

(Registered agent's signature)

Jennifer Sharp on behalf of InCorp Services, Inc.

## 8. 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 Address:MemberMichael Robert Connolly709 SW A Street Suite 5Bentonville, AR 72712

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Michael Robert Connolly

Typed or printed name of signer

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# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RETAIL MONSTER 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 THIRTEENTH DAY OF JULY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RETAIL MONSTER LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF DECEMBER, A.D. 2015.

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



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SR# 20185654670

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 203060138

Date: 07-13-18

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