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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Registration Section

TO:

| Division of Corporations | | | | |
|--|---|--|---|--|
| SUBJECT: Revis | ve America | LLC Limited Liability Company | | |
| | | , | | |
| | | | ensact Business in Florida," Certificate of y company to transact business in Florida. | |
| Please return all correspondence | - | _ | | |
| | Robert P A | damsame of Person | | |
| | Revive A | | <u>C</u> | |
| | 04 SE 2nd | Avenue Address | | |
| | Boynton Be City/s | ach Flori tate and Zip Code | da 33435 | |
| <u>k</u> | Doba bobad E-mail address: (to be used | CMS · LD M d for future annual report no | tification) | |
| For further information concerni | ng this matter, please call: | | | |
| <u>Robert</u> Name | of Contact Person | | 23 - 5993 rtime Telephone Number | |
| MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | Division Registrat Clifton B 2661 Exc | of Corporations ion Section duilding ecutive Center Circle see, FL 32301 | |
| Enclosed is a check for the follow ☐ \$125.00 Filing Fee | ving amount: \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filing Fee & Certified Copy | □ \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

| 1. Revive A (Name of Foreign Lin | mited Liability Company; must include "Limite | d Liability Company," "L.L.C.," or "LLC.") | |
|---|---|--|-----------------------------------|
| (If name unavailable, enter alternate nam | e adopted for the purpose of transacting business in Flo | rida. The alternate name must include "Limited Linbi | ity Company," "L.L.C," or "LLC.") |
| 2. VA | foreign limited hability company is organized) | 3. <u>45 - 3960859</u> (FEI number | |
| 4 <u>August 18</u> | Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine | registration.) ine penalty liability) | |
| 5. 304 SE 3 (Street Address of Prin | * P L | 6. 304 SE 2r | id Avenue |
| | Beach, Florida | Boynton Bec | |
| | | ور) ب | 0 0 |
| 7. Name and street address | of Florida registered agent: (P.O. Box | NOT acceptable) | 0CT |
| Name: | Robert P Adams | | 15 |
| Office Address: _ | 204 SE 2nd Avenue | | AMIL: 06 |
| - | Boynton Beach | Florida 334 | 35 7 1 |
| to comply with the provision and accept the obligations o | on, I hereby accept the appointment as of all stander relative to the proper of my position as registered agent. Wegistered agent's ty and address of the person(s) who have | and complete performance of my dissignature) | |
| Title or Capacity: | Name and Address: | Title or Capacity: | Name and Address: |
| President | Robert P Adams 204 SE 217d Avenue Brypten Brach, Fl 33: | ¥35 | |
| | | | |
| (Use attachments if necessa | ry) | _ | |
| | existence, no more than 90 days old, which it is organized. (If the certificat mitted) | | |
| | ed in accordance with section 605.020; ne Department of State constitutes ath | | |
| 7 | Signature | of an authorized person | |
| _ | Robert P | Adams printed name of signee | |

Commonboealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Revive America, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is December 13, 2011; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

ORATION COUNTY SION 1903

Signed and Sealed at Richmond on this Date: October 29, 2018

Joel H. Peck, Clerk of the Commission

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