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Florida Department of State
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To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (716)689-7420

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

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TALLAHASSEE, FLORIDA

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Foreign Limited Liability Company
SABER TAX LLC

Certificate of Status	0
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Page Count	03
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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. SABER TAX 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. VIRGINIA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-3654377
(FEI number, if applicable)

4. UPON QUALIFICATION
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0304 & 605.0905, F.S. to determine penalty liability.)

5. 780 LYNNHAVEN PKWY, STE 210
(Street Address of Principal Office)
VIRGINIA BEACH VA 23452

6. 780 LYNNHAVEN PKWY, STE 210
(Mailing Address)
VIRGINIA BEACH VA 23452

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TALLAHASSEE, FLORIDA

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: BLUMBERGEXCELSIOR CORPORATE SERVICES, INC

Office Address: 155 Office Plaza Drive, 1st Fl

TALLAHASSEE, Florida FL - 32301
(City) (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)

JOSE MOJICA
ASST SECY

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:
☐ Manager ☒ Member ☐ Authorized Person ☐ Other	Name: LOYALTY, LLC Address: 780 LYNNHAVEN PKWY, STE 240 VIRGINIA BEACH VA 23452
☐ Manager ☐ Member ☐ Authorized Person ☒ Other SECRETARY	Name: JOHN ALLEN WALDROP III Address: 780 LYNNHAVEN PKWY #240 VIRGINIA BEACH VA 23452
☒ Manager ☐ Member ☐ Authorized Person ☐ Other	Name: RAFAEL ALVAREZ Address: 5536 BROADWAY BRONX, NY 10463

Title or Capacity:	Name and Address:
☐ Manager ☐ Member ☐ Authorized Person ☐ Other	Name: Address:
☐ Manager ☐ Member ☐ Authorized Person ☐ Other	Name: Address:
☐ Manager ☐ Member ☐ Authorized Person ☐ Other	Name: Address:

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Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

John Allen Waldrop III
Signature of an authorized person

JOHN ALLEN WALDROP III
Typed or printed name of person

Commonwealth of Virginia

State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Saber Tax LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is February 20, 2019; 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.

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CLERK OF CIRCUIT COURT
ALACHUA COUNTY, FLORIDA

Signed and Sealed at Richmond on this Date:
July 11, 2019

Joel H. Peck, Clerk of the Commission

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