

Division of Corporations

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Florida Department of State
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To:

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

From:

Account Name : BLUMBFG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075391000003
Phone : (850) 731-2972
Fax Number : (715) 869-3420

****Enter the email address for this business entity to be used for future appeal report rollins. Enter only one email address please.****

Email Address: _____

Foreign Limited Liability Company SABER TAX LLC

Certificate of Status	0
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Estimated Charge	\$125.00

Y SCOTT

JUL 16 2019



Electronic Filing Menu

Corporate Filing Menu

Help

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," "LLC," or "LLC.")

(If none available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. VIRGINIA

3. 53-3654377

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

(EIN number, if applicable)

4. UPON QUALIFICATION

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine priority liability.)

5. 780 LYNNHAVEN PKWY, STE 240

(Street Address of Principal Office)

6. 780 LYNNHAVEN PKWY, STE 240

(Mailing Address)

VIRGINIA BEACH VA 23452

VIRGINIA BEACH VA 23452

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

FILED
2019 JUL 15 PM 4:23
TALLAHASSEE FLORIDA

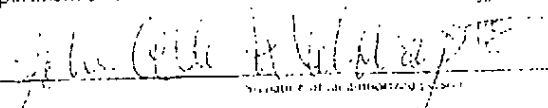
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: LOYALTY, LLC	☐ Manager	Name: _____
☒ Member	Address: 780 LYNNHAVEN PKWY, 2ND FLOOR	☐ Member	Address: _____
☐ Authorized	VIRGINIA BEACH VA 23452	☐ Authorized	_____
Person	_____	Person	_____
☐ Other	☐ Other	☐ Other	_____
☐ Manager	Name: JOHN ALLEN WALDROP III	☐ Manager	Name: _____
☐ Member	Address: 780 LYNNHAVEN PKWY, 2ND FLOOR	☐ Member	Address: _____
☐ Authorized	VIRGINIA BEACH VA 23452	☐ Authorized	_____
Person	_____	Person	_____
☒ Other SECRETARY	☐ Other	☐ Other	_____
☒ Manager	Name: RAFAEL ALVAREZ	☐ Manager	Name: _____
☐ Member	Address: 5536 BROADWAY	☐ Member	Address: _____
☐ Authorized	BRONX, NY 10463	☐ Authorized	_____
Person	_____	Person	_____
☐ Other	☐ Other	☐ Other	_____

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

 Typed or printed name of filer

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 2013 JUL 15 PM 4:23
 TALLAHASSEE, FLORIDA

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

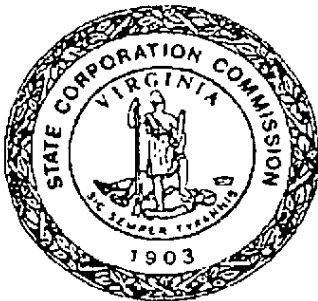
That Saber Tax LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

Joel H. Peck
Joel H. Peck, Clerk of the Commission