

M20000000655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

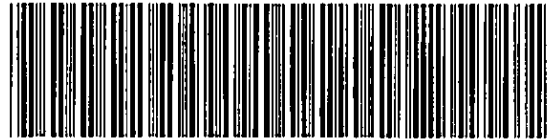
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

As per
Kayla Hughes
Brian title is CFO
1-16-20/med

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2019 DEC 26 PM 3:10
CLERK OF SUPERIOR COURT
STATE OF NEW YORK

FILED

JAN 16 2020
M. SOLOMON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RevUnit 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:

Kayla Stamatis, Controller

Name of Person

RevUnit LLC

Firm/Company

409 SW A ST

Address

Bentonville, AR 72712

City/State and Zip Code

billing@revunit.com

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

For further information concerning this matter, please call:

Kayla Stamatis

479

7156400

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$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

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. RevUnit LLC

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

N/A

(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. Arkansas

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

3. 460966686

(FEI number, if applicable)

4. 03/04/2019

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

5. 409 SW A ST

(Street Address of Principal Office)

6. 409 SW A ST

(Mailing Address)

Bentonville, AR 72712

Bentonville, AR 72712

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida

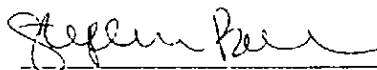
33324

(Zip code)

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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.



: Stephanie Boehm, Assistant Secretary

(Registered agent's signature)

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 Name: Michael Paladino

☒ Member Address: 409 SW A ST

☐ Authorized Bentonville, AR 72712

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Kayla Stamatis

☐ Member Address: 409 SW A ST

☐ Authorized Bentonville, AR 72712

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Joe Saumweber

☒ Member Address: 409 SW A ST

☐ Authorized Bentonville, AR 72712

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Brian Hughes

☐ Member Address: 409 SW A ST

☐ Authorized Bentonville, AR 72712

Person _____

☒ Other CEO ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ 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.



Signature of an authorized person

BRIAN HUGHES

Typed or printed name of signee

2019 DEC 26 PM 3:10



**Arkansas Secretary of State
John Thurston**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

Certificate of Good Standing

I, John Thurston, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

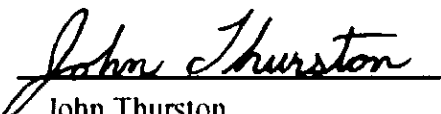
REVUNIT LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office September 6, 2012.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 12th day of December 2019.


John Thurston
Secretary of State
Online Certificate Authorization Code: c92c50b2df627e8
To verify the Authorization Code, visit sos.arkansas.gov