

mao ooooooaoa2

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

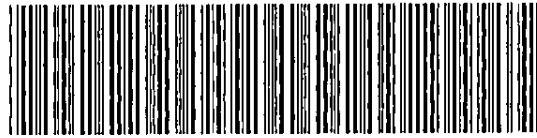
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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20 JAN 29 11:03:59

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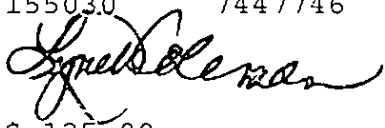
2001 JAN 29 A 8:56

RECEIVED
FEB 21 2001
T. LEMUEUX

FEB 21 2001

T. LEMUEUX

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 155030 7447746
AUTHORIZATION : 
COST LIMIT : \$ 125.00

ORDER DATE : January 28, 2020
ORDER TIME : 3:22 PM
ORDER NO. : 155030-005
CUSTOMER NO: 7447746

FOREIGN FILINGS

NAME: DOLLAR TREE SOURCING COMPANY,
LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RESUBMIT
Please give original
submission date as file date.

January 30, 2020

CSC KADESHA ROBERSON

SUBJECT: DOLLAR TREE SOURCING COMPANY, LLC
Ref. Number: W20000009448

We have received your document for DOLLAR TREE SOURCING COMPANY, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please give the state in which the LLC is from.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 220A00002211

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DOLLAR TREE SOURCING COMPANY, 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Contact Person

at (_____) _____

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. DOLLAR TREE SOURCING COMPANY, 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. VA

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

27-2778753

3. (FEI number, if applicable)

4.

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

500 VOLVO PARKWAY

5. (Street Address of Principal Office)

CHESAPEAKE, VIRGINIA 23320

500 VOLVO PARKWAY

6. (Mailing Address)

CHESAPEAKE, VIRGINIA 23320

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

Name:

CORPORATION SERVICE COMPANY

Office Address:

1201 HAYS STREET

TALLAHASSEE

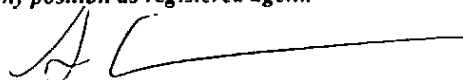
(City)

Florida 32301

(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)

Lydia Cohen
Asst. Vice President

FILED
2021 JAN 29 A 8:57
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>
<input checked="" type="checkbox"/> Manager	Name: <u>GARY PHILBIN</u>	<input type="checkbox"/> Manager	Name: <u>MIKE WITYNSKI</u>
<input type="checkbox"/> Member	Address: <u>500 VOLVO PARKWAY</u>	<input type="checkbox"/> Member	Address: <u>500 VOLVO PARKWAY</u>
<input type="checkbox"/> Authorized	<u>CHESAPEAKE, VA 23320</u>	<input type="checkbox"/> Authorized	<u>CHESAPEAKE, VA 23320</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>PRESIDENT</u>	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>BOB SASSER</u>	<input type="checkbox"/> Manager	Name: <u>TOM O'BOYLE</u>
<input type="checkbox"/> Member	Address: <u>500 VOLVO PARKWAY</u>	<input type="checkbox"/> Member	Address: <u>500 VOLVO PARKWAY</u>
<input type="checkbox"/> Authorized	<u>CHESAPEAKE, VA 23320</u>	<input type="checkbox"/> Authorized	<u>CHESAPEAKE, VA 23320</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>COO</u>	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>KEVIN S. WAMPLER</u>	<input type="checkbox"/> Manager	Name: <u>WILLIAM A. OLD, JR.</u>
<input type="checkbox"/> Member	Address: <u>500 VOLVO PARKWAY</u>	<input type="checkbox"/> Member	Address: <u>500 VOLVO PARKWAY</u>
<input type="checkbox"/> Authorized	<u>CHESAPEAKE, VA 23320</u>	<input type="checkbox"/> Authorized	<u>CHESAPEAKE, VA 23320</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>CLO, GC</u>	<input checked="" type="checkbox"/> Other <u>SECRETARY</u>

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

CYNTHIA BERTUCCI, ASSISTANT SECRETARY

Typed or printed name of signee

Name	Title	Subtitle	Primary Business Address
Bertucci, Cynthia	Assistant Secretary		500 Volvo Parkway, Chesapeake, VA 23320
Dean, Roger	Vice President and Treasurer		500 Volvo Parkway, Chesapeake, VA 23320
Elder, Jonathan L.	Vice President		500 Volvo Parkway, Chesapeake, VA 23320
Hendricks, Micheal	Vice President		500 Volvo Parkway, Chesapeake, VA 23320
Mallas, Kathleen	Senior Vice President and Controller		500 Volvo Parkway, Chesapeake, VA 23320
O'Boyle, Tom	Chief Operating Officer		500 Volvo Parkway, Chesapeake, VA 23320
Oberosler, Robert	Senior Vice President	Asset Protection	
Old, William A. Jr.	Chief Legal Officer, General Counsel and Corporate Secretary		500 Volvo Parkway, Chesapeake, VA 23320
Philbin, Gary	Manager		500 Volvo Parkway, Chesapeake, VA 23320
Proffitt, Mike	Vice President		500 Volvo Parkway, Chesapeake, VA 23320
Sasser, Bob	Manager		500 Volvo Parkway, Chesapeake, VA 23320
Torrell, Frank	Vice President		500 Volvo Parkway, Chesapeake, VA 23320
Totten-Medley, Shawnta	Assistant Secretary		500 Volvo Parkway, Chesapeake, VA 23320
Walters, Bruce	Chief Development Officer		500 Volvo Parkway, Chesapeake, VA 23320
Wampler, Kevin S.	Chief Financial Officer		500 Volvo Parkway, Chesapeake, VA 23320
Wampler, Kevin S.	Manager		500 Volvo Parkway, Chesapeake, VA 23320
Witynski, Mike	President		500 Volvo Parkway, Chesapeake, VA 23320

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

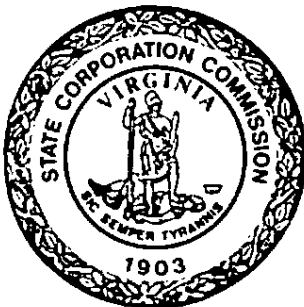
I Certify the Following from the Records of the Commission:

That Dollar Tree Sourcing Company, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the limited liability company was formed on May 26, 2010; 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.



Signed and Sealed at Richmond on this Date:

January 16, 2020

Joel H. Peck

Joel H. Peck, Clerk of the Commission

COVER LETTER

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at (_____) _____

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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☐ \$155.00 Filing Fee &
Certified Copy

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