(Requ	iestor's Name)	
(Addr	ess)	
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(City/S	State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nam	e)
(Docu	iment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ling Officer:	

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RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 671002 8376056
AUTHORIZATION: Spelle man
COST LIMIT : \$ 125.00
ORDER DATE : May 11, 2022
ORDER TIME : 2:23 PM
ORDER NO. : 671002-005
CUSTOMER NO: 8376056
FOREIGN FILINGS
NAME: REV LLC
XXXX QUALIFICATION (TYPE: <u>LL</u> )
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

### **COVER LETTER**

TO:

ТО:	Registration Section Division of Corporations		
SUBJ	REV LLC		
00.50		ame of Limited Liability Company	
		ity Company for Authorization to Transact Business in Florida," Certificate o ove referenced foreign limited liability company to transact business in Florida	
Please	return all correspondence concerning this matter	er to the following:	
	RJ Naugle		
		Name of Person	
	REV LLC		
		Firm/Company	
	10011 Bridgeport Way SW Ste 1500-01		
		Address	
	Lakewood, WA 98499		
		City/State and Zip Code	
	accounting@revtechllc.com		
	E-mail address: (to	be used for future annual report notification)	
For fu	rther information concerning this matter, please	call:	
Jennifer Calhoun		509 990-1678	
	Name of Contact Person	Area Code Daytime Telephone Number	
	Mailing Address: Registration Section	Street Address: Registration Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327	The Centre of Tallahassee	
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Enclosed is a check for the following amount Please make check payable to: FLORIDA D  \$\Bigsquare \text{\$125.00 Filing Fee} \Bigsquare \text{\$130.00 Filing} \text{ Certifica}	DEPARTMENT OF STATE	

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "LL.C.") REVTech 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 "L.L.C." Washington 80-0710097 (FEI number, if applicable) (Jurisdiction under the law of which foreign limited hability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605.0905, F.S. to determine penalty liability.) 10011 Bridgeport Way SW Ste 1500-301 10011 Bridgeport Way SW Ste 1500-301 (Street Address of Principal Office) (Mailing Address) Lakewood, WA 98499 Lakewood, WA 98499 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address:

#### Registered agent's acceptance:

Tallahassee

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.

32301

, Florida

Corporation Service Company

By:

(City)

(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]:

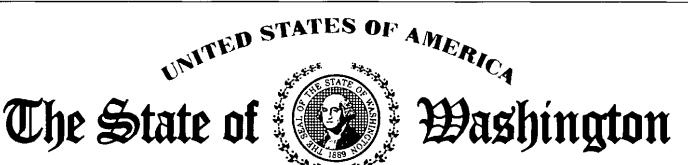
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: Robert K Naugle	■Manager	Name: Anne Sprute
□Member	Address: 10028 Dekoven Dr SW	□Member	Address:10028 Dekoven Dr SW
□Authorized	Lakewood, WA 98499-1608	□Authorized	Lakewood, WA 98499-1608
Person		Person	
□Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	Other	□Other_
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	

<u>Important Notice</u>: 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

Robert K. Naugle



# Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

#### CERTIFICATE OF EXISTENCE

**OF** 

#### **REV LLC**

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 04/20/2011.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

> Issued Date: 05/11/2022

UBI Number: 603 106 429



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

the R Hobbe

Steve R. Hobbs, Secretary of State

Date Issued: 05/11/2022