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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
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TALLAHASSEE, FL

**Foreign Limited Liability Company
EVERYDAY CHARGING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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DIVISION OF CORPORATIONS
TALLAHASSEE, FL

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. EEveryday Charging, 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. Delaware 3. 93-3293187
(Jurisdiction under the law of which foreign limited liability company is organized) (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)

5. 702 SW 8TH ST 6. 702 SW 8TH ST
(Street Address of Principal Office) (Mailing Address)

BENTONVILLE, AR 72716 BENTONVILLE, AR 72716

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, Florida 33324
(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, 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.

C T Corporation System
By: Kaity Toon Kaity Toon, Asst. Secretary
(Registered agent's signature)

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TALLAHASSEE, FL

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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>Emma Waddell</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Cheile Izzi</u>
<input type="checkbox"/> Member	Address: <u>702 SW 8TH ST</u>	<input type="checkbox"/> Member	Address: <u>702 SW 8TH ST</u>
<input type="checkbox"/> Authorized	<u>BENTONVILLE, AR 72716</u>	<input type="checkbox"/> Authorized	<u>BENTONVILLE, AR 72716</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input checked="" type="checkbox"/> Manager	Name: <u>Matthew Allen</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Geoffrey Edwards</u>
<input type="checkbox"/> Member	Address: <u>702 SW 8TH ST</u>	<input type="checkbox"/> Member	Address: <u>702 SW 8TH ST</u>
<input type="checkbox"/> Authorized	<u>BENTONVILLE, AR 72716</u>	<input type="checkbox"/> Authorized	<u>BENTONVILLE, AR 72716</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input checked="" type="checkbox"/> Manager	Name: <u>Sarah Little</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Vishal Kapadia</u>
<input type="checkbox"/> Member	Address: <u>702 SW 8TH ST</u>	<input type="checkbox"/> Member	Address: <u>702 SW 8TH ST</u>
<input type="checkbox"/> Authorized	<u>BENTONVILLE, AR 72716</u>	<input type="checkbox"/> Authorized	<u>BENTONVILLE, AR 72716</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

SEE ATTACHMENT

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

Geoffrey Edwards

Typed or printed name of signee

Attachment

Jessica Rancher Manager

702 SW 8TH ST
BENTONVILLE, AR 72716

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EVERYDAY CHARGING, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF NOVEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



7523763 8300

SR# 20233879582

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204506180

Date: 11-02-23