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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

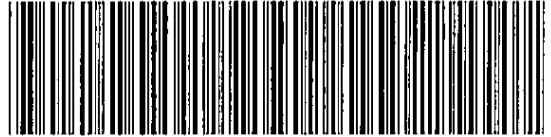
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

2024 MAR 12 PM 12:29

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Revival Point Registration

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

Revival Point, LLC

Firm/Company

13423 Blanco Rd

Address

San Antonio, TX 78216

City/State and Zip Code

rory@pineapple.co

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

For further information concerning this matter, please call:

Rory Griffin

773

5514708

at (_____) _____

Name of Contact Person

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 15, 2024

REVIVAL POINT, LLC
13423 BLANCO ROAD
SAN ANTONIO, TX 78216

SUBJECT: REVIVAL POINT LLC
Ref. Number: W24000025966

We have received your document for REVIVAL POINT LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$1,193.75.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 824A00003425

Revival Point LLC
13423 Blanco RD PMB 8024
San Antonio TX 78216-2187
TIN: 82-3377298

Registration Section
Attn: Neysa Culligan, Regulatory Specialist III
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Business Registration

I am writing because we had submitted this registration in early January. However, there was some confusion on our side for what the definition of "transacting business" in the state of Florida was. Our thought was if it meant an ecommerce store selling to a FL customer, then every ecomm store out there would have to register with the state of FL. However, the representative that we talked to directed us to FL statute 605.0905, which lists the exceptions to "transacting business" in FL. One of those is "transacting business in interstate commerce," which is what we're doing. This representative instructed us to change our date on the application from 2018 to 2023, since 2023 was when we got our address in FL. Please feel free to contact me if you need any more information.

Sincerely,

Rory Griffin
Controller, Revival Point LLC
(773) 551-4708
rory@pineappleproducts.co

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Revival Point 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. New York 3. 82-3377298
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 2023
(Date first transacted business in Florida, if prior to registration)
(See sections 601.0904 & 605.0903, F.S. to determine penalty liability)

5. 560 Lincoln Rd 6. 560 Lincoln Rd
(Street Address of Principal Office) (Mailing Address)
Suite 303 Suite 303
Miami Beach, FL Miami Beach, FL

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

Name: Registered Agents Inc

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702
(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.

Dodd Jones

(Registered agent's signature)

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2024 MAR 12 PM 12:29
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]:

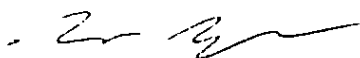
<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	Rory Griffin (Controller)		<input checked="" type="checkbox"/> Manager	Name:	Steven Cole	
<input type="checkbox"/> Member	Address:	13423 Blanco Rd		<input type="checkbox"/> Member	Address:	13423 Blanco Rd	
<input type="checkbox"/> Authorized		San Antonio, TX 78216		<input type="checkbox"/> Authorized		San Antonio, TX 78216	
Person		(773) 551-4708		Person		(801) 885-0094	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
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<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
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FILED
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TALLAHASSEE, FLORIDA
CLERK OF THE COURT

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

Rory Griffin

Typed or printed name of signer

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	REVIVAL POINT LLC
DOS ID Number:	5232653
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	11/09/2017
Existence Date:	11/10/2017
Statement Status:	PAST DUE DATE
Statement Due Date:	11/30/2019

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,
at the City of Albany, on January 05, 2024 at 10:35 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

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Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>