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COVER LETTER

	egistration Section Division of Corporations	
SUBJEC	r:	
The encl	sed Articles of Organization and fee(s) are submitted for filing.	
Please re	arn all correspondence concerning this matter to the following:	
	Andrew Becher	
_	(Name of Person)	
_	Classic Revival (LC	
	(Firm/Company)	
	5717 Koanoke trail Es :	
_	Tallahassee Fl 32312 2	7
	(City/State and Zip Code)	
For furth	r information concerning this matter, please call:	J
Ar	(Name of Person) at (\$50) 766-9727 (Area Code & Daytime Telephone Number)	
	(Land of London)	
Enclose	is a check for the following amount:	
\$125.0	Filing Fee p \$130.00 Filing Fee & p \$155.00 Filing Fee & p \$160.00 Filing Fee, Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	Ł

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

Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Classic Revival LLC
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "LC.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is
Principal Office Address: S7/7 Roan of Hail — The Same Tallahasse Fl 32312
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Name SEP 27 SE

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "MGR" = Manager "MGRM" = Managing	Name and Address:
MGRIM	Andrew Beller 5717 Roanoke Hail Tailalussee Fl. 32312
<u></u>	TALLAN SET
	ANSSEE F
(Use attachment if nec	- · ·
LE V: Effective date, i	other than the date of filing: (OPTION. he date must be specific and cannot be more than five businesses of filing.)
CLE V: Effective date, is effective date, is listed, or 90 days after the dependent of the	other than the date of filing: (OPTION. he date must be specific and cannot be more than five businesses of filing.)
LE V: Effective date, in effective date, in effective date is listed, in or 90 days after the dependent of the desired of the desired date.	other than the date of filing: he date must be specific and cannot be more than five businesses of filing.) URE: URE:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)