

L080000038/26

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

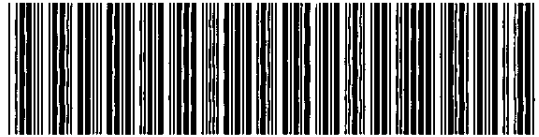
Special Instructions to Filing Officer:

**A. LUNT**

APR 16 2008

**EXAMINER**

Office Use Only



700123494227

04/15/08--01031--014 \*\*160.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 APR 15 P 1:13

**FILED**

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: revsolution enterprises  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

christopher hughes

(Name of Person)

revsolution enterprises

(Firm/Company)

250 nw 23rd street suite #203

(Address)

miami, florida 33127

(City/State and Zip Code)

FILED  
2008 APR 15 P 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

christopher hughes

(Name of Person)

at ( 305 ) 582 2187

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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

*\$160.00 enclosed*

*U.S. Postal Money order*

*4/12/08*

*11901255210*

*P.O. # 331190*

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

revsolutioen enterprises a limited liability company

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

250 nw 23rd street suite #203  
miami, florida 33127

**Mailing Address:**

250 nw 23rd street suite #203  
miami, florida 33127

**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:

Armando Curcio

Name

250 nw 23rd street suite #203

Florida street address (P.O. Box **NOT** acceptable)

miami, florida 33127

City, State, and Zip

2008 APR 15 P 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*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)

Page 1 of 2

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Christopher Hughes

250 nw 23rd street suite #203

miami, florida 33127

MGRM

Lisa Silvera

250 nw 23rd street suite #203

miami, florida 33127

MGRM

Armando Curcio

250 nw 23rd street suite #203

miami, florida 33127

2008 APR 15 P 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

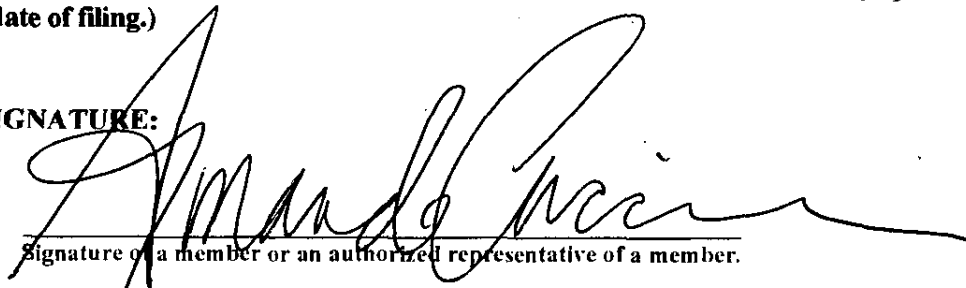
FILED

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**Armando Curcio**

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

\$160.00  
total  
enclosed.