Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

P.A.

Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS,

Account Number : 076424003301 Phone : (813)223-7474 Fax Number : (813)227-0435

14-1994/RGS

Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.

Email Address: tgood@trenam.com

FLORIDA/FOREIGN LP/LLLP

Rev Smart L.P.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

1, Rev Smart L.P.
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.
2. 132 W. Plant Street, Suite 220
(Street address of initial designated office)
Winter Garden, Florida 34787
3. TK Registered Agent, Inc.
(Name of Registered Agent for Service of Process)
4.101 E. Kennedy Boulevard, Suite 2700
(Florida street address for Registered Agent)
Tampa, Florida 33602
5. 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.
Rahit 6 Sterr
Signature of Registered Agent
6 132 W. Plant Street, Suite 220
(Mailing address of initial designated office)
Winter Garden, Florida 34787
7. If limited partnership elects to be a limited liability limited partnership, check box

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8. Name and business address of a Name:	each general partner; <u>Business Address:</u>
Rev Smart GP LLC	132 W. Plant Street, Suite 220
	Winter Garden, FL 34787
	·
	· · · · · · · · · · · · · · · · · · ·
	·
9. Effective date, if other than the date of	filing:
(Effective date cannot be prior to n filed by the Florida Department of	or more than 90 days after the date the document is State.)
Signed this day	of October ,2014 .
stated herein are true. I/We am/are document to the Department of Sta s.817.155, F.S. Rev Smart GP LLC. By:	We submit this document and affirm that the facts aware that any false information submitted in a te constitutes a third degree felony as provided for in 23 T
Christopher P. Miller, Manager	FS 1/15 6
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

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