

**B07000000113**

**Florida Department of State**  
**Division of Corporations**  
**Public Access System**

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**To:**

Division of Corporations  
 Fax Number : (850) 205-0393

**From:**

Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (850) 222-1092  
 Fax Number : (850) 878-5926

**FLORIDA/FOREIGN LP/LLP**

**Revelation of FL, LP**

Certificate of Status	1
Certified Copy	1
Page Count	04 5
Estimated Charge	\$1,061.25

*W07-15240*

*Please backdate to:  
 March 27<sup>th</sup>  
 File 2<sup>nd</sup> after  
 H07000079863*

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March 28, 2007

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: REVELATION OF FL, LP  
REF: W07000015240

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name of your limited partnership or limited liability limited partnership is not available. A foreign limited partnership or limited liability limited partnership whose name is not available must adopt an alternate name for use in the state of Florida. Please insert the alternate name in the space provided. Simply adding "of Florida" or "Florida" to the end of an entity name does not constitute a difference.

NOTE: The alternate name must contain an acceptable suffix. Acceptable limited partnership suffixes include: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable limited liability limited partnership suffixes include: Limited Liability Limited Partnership, LLLP, or L.L.L.P.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Hadlock  
Senior Section Administrator

FAX Aud. #: H07000079872  
Letter Number: 407A00021179

RECEIVED

07 MAR 2007

SECRETARY OF STATE  
TALLAHASSEE, FL 32314*Please backdate  
to:**March 27th.**Thank You!*

P.O BOX 6327 - Tallahassee, Florida 32314

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED  
PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

1. Revelation of FL, LP

(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 Partnership suffixes: Limited Liability Limited Partnership,  
L.L.L.P. or LLLP.

Revelation INVS, LP

(If name unavailable, name under which the limited partnership or limited liability limited partnership  
proposes to register to transact business in Florida; must contain acceptable suffix.)

2. Delaware  
(State or Country of Formation)

3. December 12, 2006  
(Date of Formation)

4. C T Corporation System  
(Name of Registered Agent for Service of Process)

5. 1200 South Pine Island Road, Plantation, FL 33324  
(Florida street address for Registered Agent)

6. 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.

By: Robert S. Lane  
Signature of Registered Agent

Robert S. Lane  
Assistant Secretary

7. Beach Manor #604, 9001 Hwy 98 West, Destin, FL 32550  
(Principal office address)

8. If limited partnership is a limited liability limited partnership, check box ☐

9. 10859 Emerald Coast Parkway West, Suite 204, Box 414, Miramar Beach, FL 32550  
(Mailing address)

10. Name, principal office address, and mailing address of each general partner:

Exodus of FL, LLC  
(Name)

Beach Manor #604, 9001 Hwy 98 West Destin, FL 32550  
(Street Address)

10859 Emerald Coast Parkway West, Suite 204, Box 414  
Miramar Beach, FL 32550  
(Mailing Address)

MO7-1807

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 MAR 27 PM 4:15

\_\_\_\_\_  
(Name)

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(Street Address)

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(Name)

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(Street Address)

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(Mailing Address)

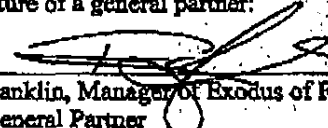
11. Effective date, if other than the date of filing: \_\_\_\_\_ Upon filing

*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 19th day of March, 20 07

Signature of a general partner:

  
\_\_\_\_\_  
Ian Franklin, Manager of Exodus of FL, LLC  
its General Partner

Filing Fees: \$ 1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)  
Certified Copy (optional): \$ 52.50  
Certificate of Status (optional): \$ 8.75

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FL047 - 12/29/03 C T System Online

# Delaware

PAGE 1

## *The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REVELATION OF FL, LP" 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 SEVENTH DAY OF MARCH, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



4265781 8300

070291537

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5487486

DATE: 03-07-07