

L-000000013453

TRANSMITTAL LETTER

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

RE: Revolution Healthcare Consultants, LLC.

Enclosed is an original and one copy of the articles of organization and a check for:

\$100.00	filing fee for articles of organization.
<u>25.00</u>	designation of registered agent.
\$125.00	total

John Keeling  
1146 Hagen Drive  
New Port Richey, Fl. 34655  
727.787.6024

500003408715--0  
-09/28/00--01107--002  
\*\*\*\*125.00 \*\*\*\*125.00

W-24140

W-11/2

FILED  
00 NOV -2 PM 1:46  
TALLAHASSEE FLORIDA

3  
FILED  
00 NOV -2 PM 1:46  
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

October 4, 2000

JOHN KEELING  
1146 HAGEN DR  
NEW PORT RICHEY, FL 34655

SUBJECT: REVOLUTION HEALTHCARE CONSULTANTS, LLC.  
Ref. Number: W00000024140

FILED  
00 NOV -2 PM 1:46  
TALLAHASSEE FLORIDA

We have received your document for REVOLUTION HEALTHCARE CONSULTANTS, LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

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) 487-6043.

Shawn Logan  
Document Specialist

Letter Number: 900A00052705

FILED  
00 NOV -2 PM 1:46  
TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION  
OF  
REVOLUTION HEALTHCARE CONSULTANTS, LLC.

The undersigned registered agent, for the purpose of forming a limited liability company under Chapter 608, F.S., adopts the following Articles of Organization.

ARTICLE I

NAME

The name of the limited liability company shall be: Revolution Healthcare Consultants, LLC.

ARTICLE II

PRINCIPAL OFFICE

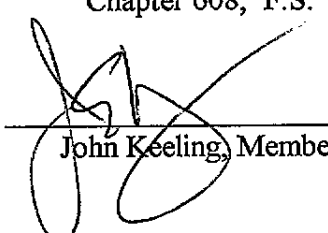
The principal place of business and mailing address of this limited liability company shall be:  
1146 Hagen Drive, New Port Richey, Fl. 34655

ARTICLE III

REGISTERED AGENT AND STREET ADDRESS

The name and address of the registered agent is: John Keeling, of  
1146 Hagen Drive, New Port Richey, Fl. 34655.

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 related 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.

  
\_\_\_\_\_  
John Keeling, Member /Registered Agent

FILED  
00 NOV -2 PM 1:46  
TALLAHASSEE FLORIDA  
FILED  
00 NOV -2 PM 1:46  
TALLAHASSEE FLORIDA