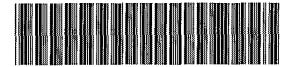
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| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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By

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ROBIN KELLEY

\*ALSO ADMITTED IN MICHIGAN AND THE DISTRICT OF COLUMBIA \*\*ALSO ADMITTED IN VIRGINIA \*\*\*ALSO ADMITTED IN FLORIDA

February 4, 2003
CERTIFIED MAIL

Florida Department of State Registration Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re: Revo Technik America, LLC

Our File No. 03-0111

Dear Sir or Madam:

Enclosed herewith for recording are the Articles of Organization for Florida Limited Liability Company for Revo Technik America, LLC. In addition, I have enclosed a check in the amount of \$125.00 to cover the recording fee for the Articles of Organization and the designation of a registered agent. Lastly, I have enclosed a copy of the Articles of Organization. I would appreciate it if you would stamp the copy "recorded" and return to our office in the enclosed return mailer.

Thank you in advance for your time. Please do not hesitate to contact me if you have any questions or problems.

Very Truly Yours,

Rebecca W. P. Buxton

Attorney at Law

**Enclosures** 

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## **ARTICLE I - Name:**

The name of the Limited Liability Company is: Revo Technik America, LLC

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 8599 Magnolia Bay Lane, Destin, Florida 32550

| ARTICLE III - Re                                 | gistered Agent, Registered (    | Office, & Registered Agent's                 | Signature: | ယ   |   |
|--|---------------------------------|--|------------|-----|---|
| The name and the F                               | lorida street address of the re | gistered agent are:                          |            | FEB | 1 |
|  | Todd G. Williams                |  | SSE        | -4  | m |
| Name<br>8599 Magnolia Bay Lane                   |                                 |  | सन्दर्     | 2   | Ö |
|  |                                 |  | SIS        | ਨ੍ਹ |   |
| Florida street address (P.O. Box NOT acceptable) |                                 |  | g          |     |   |
| _  | Destin                          | FL 32550                                     |            |     |   |
| City, State, and Zip                             |                                 |  |            |     |   |
|  | Florida street address (        | (P.O. Box <u>NOT</u> acceptable)<br>FL 32550 | A P        |     |   |

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

(An additional article must be added if an effective date is requested)

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.)

Todd G. Williams

Typed or printed name of signee

### Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)