

LD3000034312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

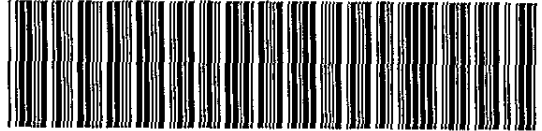
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
FLORIDA

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LD3-34312

[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 12, 2003

CAMMIE WARBURTON
1151 AIRPORT ROAD, SUITE 2
MINDEN, NV 89423

SUBJECT: REVELATIONS TWENTY-TWO, LLC
Ref. Number: W03000022889

We have received your document for REVELATIONS TWENTY-TWO, 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 403A00045981

FLORIDA DEPARTMENT OF STATE
PLEASE SEE FILING

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REVELATIONS TWENTY-TWO, LLC
(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:

Cammie Warburton
(Name of Person)

Nevada Corporate Center, INC.
(Firm/Company)

1151 Airport Road, Suite 2
(Address)

Minden, Nevada 89423
(City/State and Zip Code)

For further information concerning this matter, please call:

Cammie Warburton at (775) 345-6600
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RECEIVED
DIVISION OF STATE
CORPORATIONS
TALLHASSEE, FLORIDA

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Nevada Corporate Center, Inc.

1151 Airport Road, Suite 2
Minden, Nevada 89423

775-782-2201 - Main
877-683-9343 (Toll Free)
775-782-2611 FAX
775-345-6600 - Cammie's Direct Line
775-322-6993 - Cammie's Direct Fax

September 9, 2003

Florida Department of State
409 East Gaines Street
Tallahassee, FL 32399

Attn: Tammi Cline

Re: Psalm Ninety-One, LLC and Revelations Twenty-Two, LLC

Dear Ms. Cline:

Enclosed please find the signed documents for the above-captioned entities. These were returned to us for signature August 12, 2003.

Thank you for your attention to this matter. Should you have any questions, please do not hesitate to give me a call.

Sincerely,



Cammie Warburton
Account Representative

:cw
Enclosures

STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
REVELATIONS TWENTY-TWO, LLC

ARTICLE II - Address:

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

Principal Office Address:

1 Progress Plaza, Suite 1210
Bank of America Tower
St. Petersburg, FL 33701

Mailing Address:

1506 Granger Road
Medina, OH 44256

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

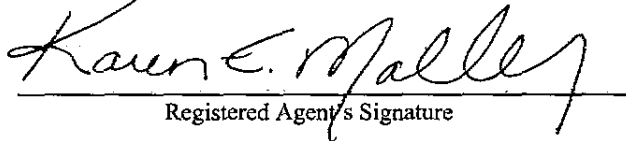
The name and the Florida street address of the registered agent are:

KAREN MALLER
Name

1 Progress Plaza, Suite 1210
Florida street address (P.O. Box **NOT** acceptable)

St. Petersburg FL 33701
City, State, and Zip

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

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager "MGRM" = Managing Member	
MGR	Elizabeth D. Beard 1506 Granger Road Medina, OH 44256
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

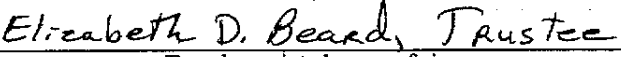
(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)


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)

STATE OF FLORIDA
DEPT. OF REVENUE

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