

W04000056975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

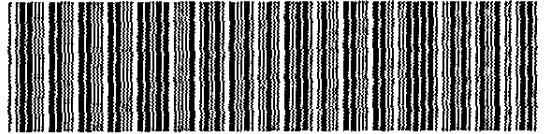
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/30/04--01033--011 **155.00

FILED

07/30/04 11:16

W04-56975

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REVENUE ASSURANCE GROUP LLC

July 28, 2004

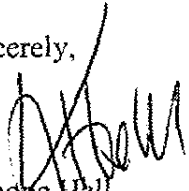
Florida Dept of State
Registration Section
Division of Corporations

Dear Sir/Madam:

Attached are the Articles of Organization for the formation of the entity
Revenue Assurance Group LLC. Additionally, a check in the amount of \$155.00 is also
enclosed, which represents filing fees for said entity.

For additional information or questions, please forward all correspondence to my
attention.

Sincerely,


Kimone Hall
Executive Asst.
305-612-4170

Attachment

FILED
JUL 29 11:15
2004
TALLAHASSEE
FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REVENUE ASSURANCE GROUP 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:

Kimone Hall

(Name of Person)

IDS

(Firm/Company)

1525 NW 167th Street

(Address)

Miami, FL 33169

(City/State and Zip Code)

For further information concerning this matter, please call:

Kimone Hall

(Name of Person)

at (305) 612-4170

(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

FILED

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

REVENUE ASSURANCE GROUP, LLC

ARTICLE II - Address:

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

Principal Office Address:

1525 NW 167th Street

Suite 200

Miami, FL. 33169

Mailing Address:

1525 NW 167th Street

Suite 200

Miami, FL. 33169

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

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

Mark Buechele

Name

1525 NW 167th Street, Suite 200

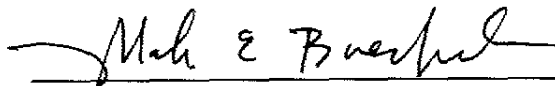
Florida street address (P.O. Box **NOT** acceptable)

Miami, 33169

FLORIDA

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, Florida Statutes..



Registered Agent's Signature

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

Joseph Millstone

MGR

1525 NW 167th Street, Suite 200

Miami, FL. 33169

Angel Leiro

MGR

1525 NW 167th Street, Suite 200

Miami, FL. 33169

Mark Buechele

MGR

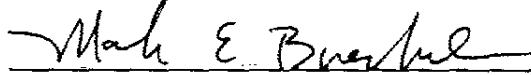
1525 NW 167th Street, Suite 200

Miami, FL. 33169

(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.)

Mark Buechele

Typed or printed name of signer

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)