11600117635

(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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ACCOUNT NO. : 072100000032	
REFERENCE : 653428 7243948	
AUTHORIZATION Sprelble now	
COST LIMIT : 0 \$ 160.00	
ORDER DATE : December 8, 2006	
ORDER TIME : 8:42 AM	
ORDER NO. : 653428-005	
CUSTOMER NO: 7243948	
DOMESTIC FILING	SE NVIS 06
NAME: REV AGENCY, LLC	ECRETARY SION OF C
XX ARTICLES OF ORGANIZATION	RY OF STAFE CORPORATIO
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	IACE VATIO : 47
XX CERTIFIED COPY XX CERTIFICATE OF GOOD STANDING	7
CONTACT PERSON: Heather Chapman - EXT. 2908	

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N The name of the	ame: Limited Liability C	Company is:		
Rev Agency, LLC				
(Must end with the wo	ords "Limited Liability Co	empany, "Limited Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - A	Address:			
		ess of the principal office of the Limited Liability Compa	ny is:	
Principal Office	Address:	Mailing Address:		
5201 Blue Lagoon	Drive, Suite 900			
Miami, FL 33126				
				<u></u>
(The Limited Liability business entity with a	Company cannot serve as an active Florida registration	Registered Office, & Registered Agent's Signature: s its own Registered Agent. You must designate an individual or another on.) ress of the registered agent are:	06 DEC 11 AM 11:47	SEURETARY VISION OF C
		•	7	육숙
	Corporation Service	Name	=	R2 81
	1201 Hays Street		۲٦	Y OF STATE CORPORATIONS
	Flor	rida street address (P.O. Box <u>NOT</u> acceptable)		10
	Tallahassee	FL 32301		
		City, State, and Zip		
liability comp	pany at the place des	gent and to accept service of process for the above stated listing in this certificate, I hereby accept the appointment this capacity. I further agree to comply with the provisions	as	

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..

Corporation Service Company

Heather Chapman

Corporation Service Company as its agent Registered Agent's Signature (REQUIRED)

> (CONTINUED) Page 1 of 2

MGR	Jeffrey Anderson
	1749 Victoria Way
	San Marcos, CA 92069
MGR	Dayid Anderson
	6012 Paseo Carreta
• -	Carlsbad CA 92009
Use attachment if necessary)	

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:

REQUIRED SIGNATURE:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

By: David Anderson, Member/Manager

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