L08000074931

(Re	equestor's Name)	
(Ad	ldress)	
. (Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800131387658

06/19/08--01038--002 **155.00

Effective Date 06/19/08

HILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

T. HAMPTON

AUG - 5 2008

EXAMINER

2008-3000

COVER LETTER

TO: Registration Section · Division of Corporations	
SUBJECT: ReRev, LLC	
	of Limited Liability Company)
The enclosed Articles of Organization and fe	e(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Hudson Worthingtor	n Harr
	(Name of Person)
ReRev, LLC	
,	(Firm/Company)
6822 22nd ave Nort	h Suite 222
	(Address)
St. Peterbsurg, FL 3	33710
	(City/State and Zip Code)
For further information concerning this matte	er, please call:
Hudson W. Harr	at (727) 421-5118
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amo	ount:
\$125.00 Filing Fee \$130.00 Filing I Certificate of St	
Mailing Address Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	rations Division of Corporations Clifton Building



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

08 AUG -4 AM II: 27

SECRETARY OF STATE TALLAHASSEE, FLORIDA

June 20, 2008

™, °,

HUDSON WORTHINGTON HARR 6822 22ND AVE NORTH STE 222 ST PETERSBURG, FL 33710

SUBJECT: REREV, LLC Ref. Number: W08000029905

We have received your document for REREV, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on June 19, 2008. Please amend your document accordingly.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 608A00037619

Effective Date 06/19/08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na	me	e:
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The name of the Limited Liability Company is:

ReRev, LLC Re Rev. com, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
6822 22nd ave North Suite 222	6822 22nd ave North Suite 222
St. Petersburg, FL 33710	St. Petersburg, FL 33710

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Hudson Harr
Name

6822 22nd ave North Suite 222

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

St. Petersburg, FL 33710

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 (REQUIRED)

(CONTINUED) Page 1 of 2 PILED

SECSELARY OF STATE
TALLARY SEE FLOOR

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" = Manager	Name and Address:
"MGRM" = Managing Member	McKee
MGRM	MICHAEL L. MCKER
	7500 FALL ANK NO
	ST. POTERSBUR, Fr. 33710
MBR	Husten Worthinston Harr
	6822 22nd Eve N. Suite 22
	St. Petersburg, FL 33710
	U
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	e date of filing: (OPTIONA be specific and cannot be more than five business day
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CLE V: Effective date, if other than the effective date is listed, the date must be 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document const	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury
CLE V: Effective date, if other than the effective date is listed, the date must be 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with see	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury
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