

L08000102238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

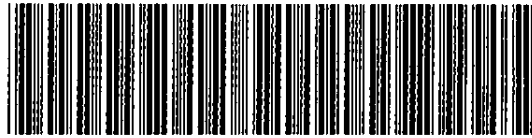
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/29/08--01058--001 **125.00

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08 OCT 31 PM 2:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

OCT 31 2008

CSS Nevada

Corporate Support Services of Nevada, Inc.

September 24, 2008

Registration Section
Corporations Division
P. O. Box 6327
Tallahassee, FL 32314

Re: Revest, LLC

Dear Sir or Madam:

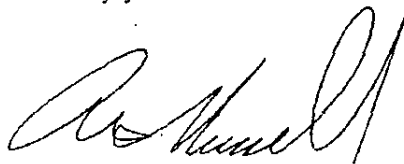
In order to file the above Articles of Organization of Limited Liability Company we have enclosed the following:

1. Cover Letter;
2. Original and two (2) copies of the Articles of Organization;
3. One (1) check payable to the Florida Department of State for \$125.00 for filing fee; and
4. Regular Mail envelope.

Please file these documents at your earliest convenience. Also, please provide us with two file stamped copies of the filed document. Please return the filed documents to our office in the Regular Mail envelope provided for your convenience. If you have any questions, please do not hesitate to contact this office.

Thank you for your anticipated courtesy and cooperation in this matter.

Sincerely yours,



Alan Russell

AR :bh
Encl.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Revest, 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:

Alan H. Russell

(Name of Person)

Corporate Support Services of Nevada, Inc.

(Firm/Company)

4535 W Sahara Ave Suite 200

(Address)

Las Vegas, NV 89102

(City/State and Zip Code)

For further information concerning this matter, please call:

Alan H. Russell

(Name of Person)

at (702) 933-4030

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 30, 2008

ALAN H. RUSSELL
CORPORATE SERVICES OF NEVADA, INC.
4535 W. SAHARA AVENUE, SUITE 200
LAS VEGAS, NV 89102

SUBJECT: REVEST, LLC
Ref. Number: W08000045078

We have received your document for REVEST, 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):

The registered agent must sign accepting the designation.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 108A00052050

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Revest, 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:

4535 W Sahara Ave

Suite 200

Las Vegas, NV 89102

Mailing Address:

315 S Hyde Park Ave

Tampa, FL 33606

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:

Chris Norman

Name

315 S Hyde Park Ave

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

Tampa

FL

City, State, and Zip

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TALLAHASSEE FLORIDA

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)

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:

MGRM

Reviora, LLC

1438 Bloomingdale Ave.

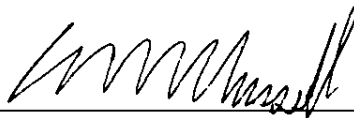
Valrico, FL 33596

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Alan H. Russell, Organizer

Typed or printed name of signee

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TALLAHASSEE FLORIDA

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)