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## **COVER LETTER**

10:	Registratio Division of		ons				
SUBJE	ECT:	Donal	D Re	zell_	U	<u></u>	
			(Name of Lir	nited Liabilit	y Compan	у)	
The end	closed Article	s of Organiz	ration and fee(s) a	re submitted	for filing.		,
Please	return all corre	espondence	concerning this m	natter to the fo	ollowing:		
-	Pour	die	Revell	(Name of P	erson)		
				·	•		
-	Do	Olav	Revell	(Firm/Com	pany)		
, <del>-</del>	49	Sanl	ban Cen	0 - Rd	(22)		
_			Fl. 32				
	•	-1-1-7	((	City/State and	Zip Code)		
For furt	her informatio	on concernir	g this matter, ple	ase call:			
	Down (Nai	me of Person	Devet	at ( <b>Y</b>	(SO ) Area Code &	\$28 & Daytime To	-89 OS elephone Number)
Enclose	ed is a check	for the foll	owing amount:				
<b>]</b> \$125.0	00 Filing Fee		00 Filing Fee & icate of Status	Certif	00 Filing Tied Copy onal copy is		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Registr Divisio P.O. B	g Address ation Section on of Corporations ox 6327 assee, FL 32314	R S D C 2	egistration Pivision of lifton Buil 661 Execu	Corporation	าร

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Down D Revel (L (Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
49 Sonboon Cen Rd. Supercepty Ft. 32358	SAME,
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
Donald R	evel Est 3
Y9 SANDO Florida street addr	ess (P.O. Box NOT acceptable)
Sphopy City, State, an	22 5
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the applyed stated limited its certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Registered Agent's Signatu	re (REQUIRED)

<u>Title:</u> "MGR" = Mar "MGRM" = M	nager Ianaging Member	Name and Address:	
MGRN	Λ	Down D Reve 49 Son born Ge Sophopy Floris	metery Road
			·
(Use attachmer	nt if necessary)		
CLE V: Effective date is look days after the	re date, if other than the listed, the date must date of filing.)	he date of filing: 1-12-09 t be specific and cannot be more tha	
CLE V: Effectiv	re date, if other than the listed, the date must date of filing.)		
CLE V: Effective date is look of the contraction of	re date, if other than the listed, the date must date of filing.)	be specific and cannot be more that	nn five business day
CLE V: Effective date is look of the contraction of	listed, the date must date of filing.)  SIGNATURE:  Signature of a mem  (In accordance with	section 608.408(3), Florida Statutes, the expectitutes an affirmation under the penalties	member. A Secution of perjury A Secution of perjury
CLE V: Effective date is look days after the	signature of a mem  (In accordance with of this document corthat the facts states	section 608.408(3), Florida Statutes, the expectitutes an affirmation under the penalties	nn five business day