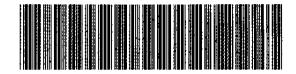
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COVER LETTER

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TO:	Registration S Division of Co		·	, á	ć.				
SUBJE	CT: Revere	Capital Management Ll	LC :			•			
SOBOL			ed Liability Con	npany					
The end	closed Articles o	f Organization and fee(s) are	submitted for fil	ing.					
Please 1	eturn all corresp	oondence concerning this matt	ter to the followi	ing:					
_	Linda Lepore								
			Name of Person						
	Revere Capit	al Management LLC							
			Firm/Company						
	1223 SE 47th	Terrace - Unit 1							
•	Address								
	Cape Coral, Florida 33904								
•	 	Cit	y/State and Zip Co	ode					
_	linda@summe	erstreetfx.com							
		E-mail address: (to be used f	for future annual r	eport notification	n)				
For furt	her information	concerning this matter, please	e call:						
Linda	Lepore		at (_239	₎ 257-160	03				
		of Person		ode & Daytime	Telephone	Number			
Enclos	ed is a check fo	or the following amount:							
	00 Filing Fee	2\$130.00 Filing Fee & Certificate of Status	Q\$155.00 Fi Certified (additional c	•	Cer Cer	0.00 Filing Fee, tificate of Status & tified Copy itional copy is enclosed)			
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registi Divisio Cliftor 2661 E	Courier Address ration Section on of Corporation Building Executive Center assee, FL 3230	ions er Circle				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	al Management LLC	ited Liability Company, "L.L.C.," or "LLC.")	
(Must end with the words "Limi	ned Liability Company, L.L.C., or LLC.	
ARTICLE II - A		of the principal office of the Limited Liab	bility Company is
Principal Office	Address:	Mailing Address:	
1223 SE 47th Terrac	e	1223 SE 47th Terrace	
Unit 1		Unit 1	
Cape Coral, FL 339	04	Cape Coral, FL 33904	
The name and th	e Florida street address Lawrence Swan	of the registered agent are:	MAR 18 PM GRETARY OF LLAHASSEE,
		Name	
		•	
	709 Cape Coral Pk	· ‹wy W	
	709 Cape Coral Pk	kwy W street address (P.O. Box <u>NOT</u> acceptable)	M 2: 05 OF STATE FLORIDA
	Florida s	street address (P.O. Box NOT acceptable)	

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member Linda Lepore MGRM 2202 SE 8th Avenue Cape Coral, FL 33990 (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.) Linda Lepore Typed or printed name of signee

Filing Fees:

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

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)