

L10000120942

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



250 N. Westlake Blvd. | Suite 240 | Westlake Village, CA 91362

November 12, 2010

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

RE: Revolusionize, LLC

To whom it may concern:

The Enclosed Articles of Organization and Fee(s) are submitted for filing. Also, please find enclosed a check for state filing fees in the amount of **\$155.00** made payable to the FL Dept of State. For information to this filing at the undersigned.

Thank you in advance and please return all correspondence in regards to this filing using the pre addresses stamped envelope included.

Sincerely,

Amanda J. Beren, Document Processor
CorpNet™, Incorporated
888-449-2638 Ext. 105
aberen@corpnet.com

Toll-Free: 888-449-2638
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Revolusionize, 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:

2712 Whitney Dr. N.

Tallahassee, FL 32309

Mailing Address:

2712 Whitney Dr. N.

Tallahassee, FL 32309

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:

Summar Dumas

Name

2712 Whitney Dr. N.

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

Tallahassee

FL 32309

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)

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TALLAHASSEE, FLORIDA

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

Summar Dumas
2712 Whitney Dr. N.
Tallahassee, FL 32309

MGRM

Stephenie Fredericks
16 Tiara Villa, United Garden
Off Jalan Klang Lama, Kuala Lumpur, Malaysia

(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.)

Amanda J. Beren, Organizer

Typed or printed name of signer

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)

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TALLAHASSEE, FLORIDA