

L11000100509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

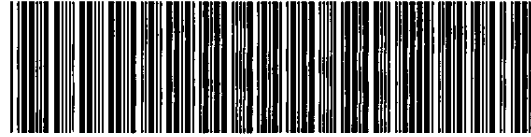
Special Instructions to Filing Officer:

L. SELLERS

SEP - 1 2011

EXAMINER
[Signature]

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: New Revelation Production
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:

Marcus Russell

Name of Person

Firm/Company

4617 4 Ave South

Address

Saint Petersburg Florida 33711

City/State and Zip Code

New Revelation 813@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

813 447-5967

Marcus Russell

at (*813*)

Name of Person

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

June 30, 2011

MARCUS RUSSELL
4617 4 AVENUE SOUTH
SAINT PETERSBURG, FL 33711

SUBJECT: NEW REVELATION PRODUCTION LLC
Ref. Number: W11000031075

We have received your document for NEW REVELATION PRODUCTION LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 011A00015823



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 22, 2011

MARCUS RUSSELL
4617 4 AVENUE SOUTH
SAINT PETERSBURG, FL 33711

SUBJECT: NEW REVELATION PRODUCTION LLC
Ref. Number: W11000031075

We have received your document for NEW REVELATION PRODUCTION LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Gracie Swift is listed as the registered agent and Marcus Russell signed as the agent. These need to match.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 311A00017423

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

New Revelation Production 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:

4617 4th Ave South
Saint Petersburg Florida 33711

***Mailing Address: ***

PO Box 13581
Saint Petersburg Florida
33788

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:

Gracie Swift

Name

403 Maplewood Drive

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

Oldsmar

FL 34677

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.

Gracie Swift

Registered Agent's Signature (REQUIRED)

8/22/11

(CONTINUED)

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TALLAHASSEE, FLORIDA

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