

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000264679 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (850)222-1092 : (850)878-5368 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

## FLORIDA LIMITED LIABILITY CO. REVA Clearwater MT, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Ċΰ ري 2

Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

DEC - 4 2013

EXAMINER

https://efile.sunbiz.org/scripts/efilcovr.exe

12/3/2013

COVE	KLETIEK	
TO: Registration Section Division of Corporations		
SUBJECT: REVA Clearwater MT,	LLC	
	ed Liability Company	
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this matt	ler to the following:	
Emily Vincent		
	Name of Person	·
NRAI Corporate Services,	Inc.	
	Firm/Company	
2875 Michelle Dr., Suite 10	00	
	Address	
Irvine, CA 92606	·	
Cit	ty/State and Zip Code	
evincent@nrai.com		<u> </u>
·	for fixure annual report notification)	Se se
For further information concerning this matter, pleas	e call:	
Emily Vincent	at (800 ) 562-6439	SSE S
Name of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:		1081 8:
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}	S155.00 Filing Fee & S160.00 Filing Certified Copy Certificate of Certified Copy (additional copy is enclosed)	ng Fee, f Status & Py
Mulling Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
The manufacture of the company to	
REVA Clearwater MT, LLC	<u> </u>
(Must and with the words 'Limited Liabili	y 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:
10710 Midiothian Tumpike Suite 202	10710 Midlothian Tumpike Suite 202
Richmond, VA 23235	Richmond, VA 23235
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	ered Agent. You must designate an Individual or mother
The name and the Florida street address of the n	ogistered agent are:
NRAI Services, Inc.	
Name	(nr
1200 South Pine	Island Road
Plorida street add	ress (P.O. Box NOT acceptable)
Plantation	ress (P.O. Box NOT acceptable)
City, Sta	ne, and Zip
Haritus heen named as negistered amont and to	resent naming of moneys for the charge stated limited

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)

Nicole Parnell, Assistant Secretary

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Stevens M. Sadler 10710 Mkilothian Tumpike, Suite 202 Richmond, VA 23235	
	The state of the s	2013 115
(Use attachment if necessary)		
LE V: Effective date, if other than the frective date is listed, the date must be days after the date of filing.)	e date of filing: (OPTIO	
REQUIRED SIGNATURE:		

Filing Fees:

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

Stevens M. Sadler

\$ 30.00 Certifled Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee