

**L14006160713**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

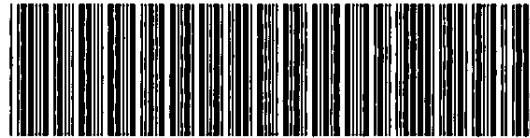
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



**900265154469**

10/10/14--01025--008 \*\*130.00

**FILED**  
14 OCT 10 AM 9:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**J. Stivers OCT 15 2014**

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: REVIVE DESIGN LLC.**

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:

TODD MCPHAIL

Name of Person

REVIVE DESIGN

Firm/Company

6537 CHESTNUT CIRCLE

Address

NAPLES FLORIDA, 34109

City/State and Zip Code

TODDMCPHAIL@ICLOUD.COM

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

For further information concerning this matter, please call:

TODD MCPHAIL

Name of Person

at ( 786 ) 547.9316

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

REVIVE DESIGN 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:

Mailing Address:

REVIVE DESIGN LLC.

6537 CHESTNUT CIRCLE

NAPLES FLORIDA 34109

REVIVE DESIGN LLC.

P.O. BOX 413005 PMB# 111

NAPLES FLORIDA 34101-3005

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:

TODD MCPHAIL

Name

6537 CHESTNUT CIRCLE

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

NAPLES

City

FL 34109

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 605, F.S.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

"MGR"

**Name and Address:**

TODDMCPHAIL

6537 CHESTNUT CIRCLE

NAPLES FLORIDA, 34109

"AMBR"

JEAN MCPHAIL

6537 CHESTNUT CIRCLE

NAPLES FLORIDA, 34109

(Use attachment if necessary)

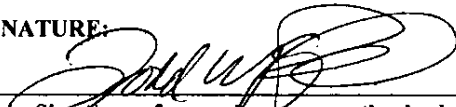
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

**ARTICLE VI:** Other provisions, if any.

NONE

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 607.0203 (1) (b), 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.)

TODD MCPHAIL

Typed or printed name of signee

**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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