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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/4

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Revenue and Profit Growth Specialists, 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:

Kevin M. Beber

Name of Person

Revenue and Profit Growth Specialists

Firm/Company

1258 Alta Vista Drive

Address

Melbourne, FL 32940

City/State and Zip Code

beberkevin@gmail.com

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

For further information concerning this matter, please call:

Kevin M. Beber at (510) 872-9975

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

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

Street Address

New Filing 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:

Revenue and Profit Growth Specialists, 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:

1258 Alto Vista Dr.
Melbourne, FL 32940

Mailing Address:

1258 Alto Vista Dr.
Melbourne, FL 32940

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:

Kevin M. Beber
Name

1258 Alto Vista Dr.
Florida street address (P.O. Box **NOT** acceptable)
Melbourne, FL 32940
City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company, 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..

Kevin M. Beber
Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
TREASURER OF FLORIDA

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ARTICLE IV-

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

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Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MGR

Kevin M. Beber
1258 ALTO VISTA DR.
MELBOURNE, FL 32940

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Kevin M. Beber

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)