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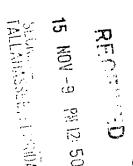
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PICK-UP	☐ WAIT	MAIL
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11/19/15

COVER LETTER

, , ,

TO: Registration Section Division of Corporations
SUBJECT: Revival Vintage. 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:
Jennifer Moore
Revival Vintage
Firm/Company
2408 Premier Dr South
Address
GNIFPORT FL 33707 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jennifer Mooreat (727) 543 - 3366 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \$
Mailing Address New Filing Section Street Address New Filing Section

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

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:	
Revival Vintage	LLC
(Must end with the words "Limited Liability Comp	oany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Lim	ited Liability Company is:
Principal Office Address:	Mailing Address:
Revival Vintage LLC.	2408 Premier Dr

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:

Chelsea Vance

Name

2327 Central Ave

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

Steversburg FL 33707

City State 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)

South

(CONTINUED)

Page 1 of 2

i ne name and address of each person author	rized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member "MGR" Manager R	Jenn for Moore 2408 from 100 or 2408 from 100 or Chelsea Vence 2327 fentral Ave 3371
wer-maked the sealer and continued to the sealer of the product of the sealer of the s	
te of filing.)	fic and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed as
This document is executed I am aware that any false in constitutes a third degree fe	er or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S. Full Dove Typed or printed name of signee Filing Fees:

Page 2 of 2