

L16000026881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

(Business Entity Name)

(Document Number)

✓

Special Instructions to Filing Officer:

<p> 1. Name of the person: _____ 2. Address: _____ 3. City: _____ 4. State: _____ 5. Zip: _____ 6. Phone: _____ 7. E-mail: _____ 8. Date: _____ 9. Signature: _____ 10. Title: _____ 11. Organization: _____ 12. Department: _____ 13. Division: _____ 14. Section: _____ 15. Unit: _____ 16. Branch: _____ 17. Office: _____ 18. Room: _____ 19. Floor: _____ 20. Building: _____ 21. Campus: _____ 22. District: _____ 23. Region: _____ 24. Country: _____ 25. Continent: _____ 26. Hemisphere: _____ 27. Latitude: _____ 28. Longitude: _____ 29. Time Zone: _____ 30. Daylight Saving Time: _____ 31. Standard Time: _____ 32. Summer Time: _____ 33. Winter Time: _____ 34. Spring Time: _____ 35. Fall Time: _____ 36. Summer: _____ 37. Winter: _____ 38. Spring: _____ 39. Fall: _____ 40. Year: _____ 41. Month: _____ 42. Day: _____ 43. Hour: _____ 44. Minute: _____ 45. Second: _____ 46. Millisecond: _____ 47. Microsecond: _____ 48. Nanosecond: _____ 49. Picosecond: _____ 50. Femtosecond: _____ 51. 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T R O I S

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rev Cafe, 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:

Joseph E. Costanzo
Name of Person

Firm/Company

335 E. Dixie St
Address

Monticello, FL 32344
City/State and Zip Code

JOEC7877@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joe Costanzo at (853) 294-3705
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:

Rev Cafe, 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:

335 E. Dixie St
Monticello, FL 32244

Mailing Address:

335 E. Dixie St
Monticello, FL 32244

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:

Joseph E. Costanzo

Name

335 E. Dixie St

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

Monticello, FL 32244

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.

Joseph E. Costanzo

Registered Agent's Signature (REQUIRED)

(CONTINUED)

AM 10:00
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SECRET
TALLAHASSEE, FLORIDA

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:

Joseph E. Costanzo
225 E. Dixie St
Monticello, FL 32344

(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.

Joseph E. Costanzo

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)