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(Business Entity Name)

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9/19/16

Wolters Kluwer (put in Sunshine Corp Box)
850-656-4724

Entity Name:
BREAKTHROUGH TO VICTORY, INC.

Account #

Doc Number:

FCA 000 0000 <

Please file and return plain copy!
Thank you!

- ☐ Profit
☐ Nonprofit
☐ Foreign

- ☐ Limited Partnership
☐ LLC

- ☐ Certified Copy
Articles/Amends

- ☐ Call When Ready
☒ Walk In
☐ Mail Out

- ☐ Amendment

- ☐ Dissolution/Withdrawal
☐ Reinstatement
☐ Annual Report
☐ Name Registration
☐ Fictitious Name
☐ Photocopies

- ☐ Merger

- ☐ Mark

- ☐ Other

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- ☐ Call If Problem
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9/16/2016

Order#: 10165279

Ref#:

Amount: \$

\$ 70.00

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CT

September 19, 2016

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 10168164 SO
Customer Reference 1: None Given
Customer Reference 2: None Given

Dear Department of State, Florida :

Please obtain the following:

Revolution Health Care, LLC (FL)
Formation
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

16
SEP 19 10 30 AM
F1170

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Revolution Health Care, 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:

Thomas Luzier, Esq.

Name of Person

Dunlap & Moran, PA

Firm/Company

22 S. Links Avenue, Suite 300

Address

Sarasota, FL 34236

City/State and Zip Code

tluzier@dunlapmoran.com

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

For further information concerning this matter, please call:

Thomas Luzier

941

366-0115

at

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

16 SEP 19 PM 3:56
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Revolution Health Care, 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:

9025 Town Center Parkway
Lakewood Ranch, FL 34202

Mailing Address:

9025 Town Center Parkway
Lakewood Ranch, FL 34202

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:

Thomas Luzier, Esq.

Name

22 S. Links Avenue, Suite 300

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

Sarasota

FL

34236

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)

(CONTINUED)

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:

Michael B. Regan

14438 Sundial Place

Lakewood Ranch, FL 34202

MGR

Rebecca Patton

14438 Sundial Place

Lakewood Ranch, FL 34202

(Use attachment if necessary)

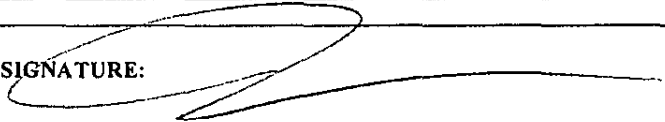
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Thomas B. Luzier

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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