

L16000/90/44

Malcolm Stone  
9802-12 Baymeadows Road  
PMB#126  
Jacksonville, FL 32256-7987

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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10/14/16

**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**

**Name**

The name of the Limited Liability Company is REVIEWIGNITE, LLC.

**ARTICLE II**

**Principal Office and Mailing Address**

The principal office and mailing address of the Limited Liability Company is:

9802-12 BAYMEADOWS ROAD, PMB#126  
JACKSONVILLE, FLORIDA 32256-7987

**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:

INCorp SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FLORIDA 33470.

*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.*

JANICE NULL OBO \_\_\_\_\_

Registered Agent's Signature (REQUIRED)

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(Continued)

#### ARTICLE IV

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

Title: AMBR  
MALCOLM STONE  
9802-12 BAYMEADOWS ROAD, PMB#126  
JACKSONVILLE, FLORIDA 32256-7987

#### ARTICLE V

##### Effective date

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

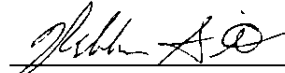
**(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)**

**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.

Typed or printed name of signee: MALCOLM STONE

##### **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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JACKSONVILLE, FLORIDA  
DEPARTMENT OF STATE