Electronic Articles of Organization
For
Florida Limited Liability Company

L18000136897
FILED 8:00 AM
June 01, 2018
Sec. Of State
tbcollins

Article I

The name of the Limited Liability Company is:

THE REVENUE CLINIC, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

2827 STONEWAY LANE
UNIT D
FORT PIERCE, FL. US 34982

The mailing address of the Limited Liability Company is:

P O BOX 872
FORT PIERCE, FL. US 34954

Article III

The name and Florida street address of the registered agent is:

DANTRESE M WILLIAMS
2827 STONEWAY LANE
UNIT D
FORT PIERCE, FL. 34982

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.

Registered Agent Signature: DANTRESE WILLIAMS

Article IV

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The name and address of person(s) authorized to manage LLC:

Title: AMBR
DANTRESE M WILLIAMS
2827 STONEWAY LANE UNIT D
FORT PIERCE, FL. 34982 US

Title: AMBR
DONIQUE A RHAHEED
2802 AVENUE J
FORT PIERCE, FL. 34947 US

Signature of member or an authorized representative

Electronic Signature: DONIQUE RHAHEED

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.