

L19000047636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

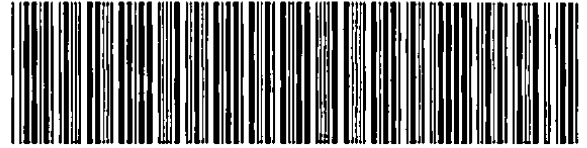
(Business Entity Name)

(Document Number)

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19 FEB 19 PM 12:30
TALLAHASSEE, FLORIDA

D O'KEEFE

FEB 25 2019

COVER LETTER

**TO: New Filing Section
Division of Corporations**

Revolution Mills CONTRACT *LHC*

SUBJECT: _____
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:

Charles Kennedy

Name of Person

Revolution Mills CONTRACT

Firm/Company

11161 E. State Rd 70, Suite 110- PMB 134

Address

Lakewood Ranch, FL 34202

City/State and Zip Code

susan@revolutionmills.com

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

For further information concerning this matter, please call:

Susan Weller

662

275-7796

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Revolution Mills CONTRACT LLC

(Must contain 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:

15111 Sundial Place

Lakewood Ranch, FL 34202

Mailing Address:

11161 E. State Rd. 70

Suite 110, PMB 134

Lakewood Ranch, FL 34202

11161 E. State Rd. 7
Ste. 110 - PMB 134
Lakewood Ranch, FL
342

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:

Susan Weller

Name

15111 Sundial Place

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

Lakewood Ranch

FL

34202

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..

Susan Weller

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGRM

MGRM

Office Manager

Name and Address:

Charlie Kennedy
9515 Heydon Hall
Charlotte, NC 28210

Charlie Kennedy
9515 Heydon Hall
Charlotte, NC 28210

Jeff Fulton
11983 Cape Royal Lane
Frisco, TX 75033

Jeff Fulton
11983 Cape Royal Lane
Frisco, TX 75033

Susan Weller
15111 Sundial Place
Lakewood Ranch, FL 34202

Susan Weller
15111 Sundial Place
Lakewood Ranch, FL :

(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:

Susan Weller

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.

Susan Weller

Typed or printed name of signer

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA