Electronic Articles of Organization
For
Florida Limited Liability Company

L19000127393
FILED 8:00 AM
May 10, 2019
Sec. Of State
cmwood

Article I

The name of the Limited Liability Company is:

REVIVAL WELLNESS CENTER LLC

Article II

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

362 SW HANCOCK STREET
MADISON, FL. 32340

The mailing address of the Limited Liability Company is:

PO BOX 270
PINETTA, FL. 32350

Article III

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

STEPHANIE SAPP
285 NE SCHOOL STREET
PINETTA, FL. 32350

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: STEPHANIE SAPP

Article IV

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

Title: MGR
STEPHANIE SAPP
362 SW HANCOCK STREET
MADISON, FL. 32340

Signature of member or an authorized representative

Electronic Signature: STEPHANIE SAPP

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.