## L19000271512

(Requestor's Name)
. (Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900336532899

al this condator

2019 NOV 20 AM 9: 5

SECRETARY OF STATE,
TALLAHASSEE, FL

NOV 2 ! 70.3

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 057603 8032122 AUTHORIZATION: Small Clara COST LIMIT : \$ 125.00 ORDER DATE: November 20, 2019 ORDER TIME : 3:44 PM ORDER NO. : 057603-005 CUSTOMER NO: 8032122 DOMESTIC FILING NAME: REVO TEAM LLC EFFECTIVE DATE: \_\_\_ ARTICLES OF INCORPORATION \_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY \_\_\_ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Amanda Robinson - EXT.

EXAMINER'S INITIALS:

## COVER LETTER

	ew Filing Section ivision of Corporations		
SUBJECT	REVO TEAM LLC		
30031.61		f Limited Liabi	lity Company
The enclos	ed Articles of Organization and fee(	s) are submitted	l for filing.
Please retu	rn all correspondence concerning th	is matter to the	following:
	WILLIAM SMITH		
		Name of	Person
		Firm/Co	ompany
	2765 SW 22ND AVENUE		
		Addi	ress
	MIAMI, FLORIDA 33133		
	BILL.SMITH@GIGENET	City/State ar	nd Zip Code
•		used for future :	annual report notification)
For further is	nformation concerning this matter, p	lease call:	
	WILLIAM SMITH	609	707-3383
	Name of Person	t ( Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount:		
\$125.00 Fi		s L—Certifi	00 Filing Fee & S160.00 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
REVO TEAM LLC (Must contain the words
ARTICLE II - Address: The mailing address and street address of the p

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

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

Principal Office Address:	Mailing Address:
2800 NORTH MIAMI AVENUE	2800 NORTH MIAMI AVENUE
MIAMI, FLORIDA 33127	MIAMI, FLORIDA 33127

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:

Corporation Service	ce Company	
	Name	
1201 Hays Street		
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
Tallahassee	FL _	32301
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..

By

Registered Agent's Signature (REQUIRED)

Resident Agent's Signature (REQUIRED)

(CONTINUED)

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	WILLIAM SMITH
	2765 SW 22ND AVENUE
	MIAMI, FLORIDA 33133
MGR	BRANDON SMITH
	2765 SW 22ND AVENUE
	MIAMI, FLORIDA 33133
	76.05
	<u> </u>
	- F - S
	5.00 - 5.
(Use attachment if necessary)	FAT 5
TLE V: Effective date if other than the date	a of tiling: NOVEMBER 15, 2019 (OPPIONAL)
effective date is listed, the date must be sp te of filing.)	e of filing: NOVEMBER 15, 2019 (OPTIONAL)  pecific and cannot be more than five business days prior to or 90 days  meet the applicable statutory filing requirements, this date will not be lift of State's records.
effective date is listed, the date must be sp te of filing.) If the date inserted in this block does not t	pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be li
effective date is listed, the date must be space of filing.) If the date inserted in this block does not a cument's effective date on the Department CLE VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be li
effective date is listed, the date must be space of filing.) If the date inserted in this block does not a cument's effective date on the Department	pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be li
effective date is listed, the date must be space of filing.) If the date inserted in this block does not a cument's effective date on the Department CLE VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be li
effective date is listed, the date must be space of filing.) If the date inserted in this block does not accument's effective date on the Department CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not be lited. State's records.
effective date is listed, the date must be space of filing.)  If the date inserted in this block does not a cument's effective date on the Department CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me	meet the applicable statutory filing requirements, this date will not be lit of State's records.
effective date is listed, the date must be space of filing.)  If the date inserted in this block does not a cument's effective date on the Department CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a material of the document is executed.	meet the applicable statutory filing requirements, this date will not be lited. State's records.

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)

ARTICLE IV-