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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 : (855)498-5500 Fax Number : (800)432-3622

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

FLORIDA LIMITED LIABILITY CO. **REVOLOK USA LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

	· c	OVER LETTER	[73
TO:	New Filing Section Division of Corporations			
SUBJI	Revolok USA LLC	•		
		imited Liability Compar	у	
The en	closed Articles of Organization and fee(s)	are submitted for filing.		
Please	return all correspondence concerning this r	natter to the following:		
٠	Norman W.Nash, Esq.			
•		Name of Person		
	DSK Law			
		Firm/Company		
	332 North Magnolia Avenue			
		Address		
	Orlando, FL 32801	•		
	sh@sheabughes.com	City/State and Zip Code		
	E-reail address: (to be use	d for future annual repor	t notification)	
or furth	er information concerning this matter, please	se call:		
	Norman W. Nash, Esq.	107 992-367:		
	Name of Person	Aroa Code Daytime	Telephone Number	
nclose	ed is a check for the following amount:		· .	٠
	.00 Filing Fee	: □\$155.00 Filing :	7 Page 8	
	Certificate of Status	Certified Copy (additional copy is et	Certificate of Status &	-d\
			feerings only is escion	رىد
	Mailing Address	Street Add		
	New Filing Section Division of Corporations		Section Division of Tellahassee	
	P.O. Box 6327		or relianaissee mroe Street, Suite 810	
٠	Tailahassee, FL 32314	Tallahassee	FL 32303	

ARTICLE I - Name:					
The name of the Limited Liabilit	tu Company in	,		•	
the name of the Edithorn Liability	ty Company 18;			,	
Revolok USA LLC					•
(Must cont	nin the words "Limited	Liability Con	mpany, "L.L.	C.," or "LLC.")	
	•	_			
RTICLE II - Address:	, kar				
he mailing address and street a	daress of the principal of	office of the L	imited Lisb:	lity Company is:	•
Pringin	al Office Address:		· ;	N.F. 186 4 N.S.	
	a Other Mauren.			Mailing Addres	<u>. </u>
15 South Treasure D	rive		15 South	Treasure Drive	
Tampa, FL 33609			Tampa, F		
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red Agent's Signature (REQUIRED)

(CONTINUED)

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	Title:		Name and Addr	1		
٠	"AMBR" = Authorized	Member	MARINE MINI ARGI			
	"MGR" = Manager					
•	MOR		Shea Hughes	}		
	• •	_	15 South Treasure Driv	t		
			Tampa, FL 33609			
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