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SOBJECT	Name of Limited Liability Company							
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Please retu	rn all correspo	ondence concernin	g this matter	to the following	ng:			
	Lowman, W	'illiam RJR, Esq						
			N	ame of Persor	l			
	C/O Shuffie	ld, Lowman & Wi	lson, PA					
	Firm/Company							
	1000 Legion Place, Suite 1700							
	Address							
	Orlando, FL 32801							
	City/State and Zip Code							
•		E-mail address: (to	be used for f	uture annual i	report notificat	ion)		
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	Robert Abas	cal Jr.	407 at (3815	5311			
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New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:						
The name of the Limited Liabili	ity Company is:					
Revell4 LLC						
	tain the words "Limited	Liability Comp	any, "L.L.C.," or "LLC.")			
		, ,	•			
ARTICLE II - Address: The mailing address and street a	address of the principal of	office of the Lin	sited Liability Company is:			
The maning according to the cort	ida cara a me principal		and smalley company an			
<u>Princip</u>	oal Office Address:		Mailing Add	<u> tress</u> :		
281 Hillcrest Drive			281 Hillcrest Drive			
Ovjedo, FL 32765			Oviedo, FL 32765			
						
ARTICLE III - Registered Ag						
(The Limited Liability Company			ent. You must designate an i	ndividual or		
another business entity with an	active Fforida registrati	on.)				
The name and the Florida street	address of the registere	d agent are:				
	Lowman, William R	O ID LESO				
	Lowman, withan is	Name				
	10001 ' 11	g 5 1300				
	1000 Legion Place, Suite 1700 Florida street address (P.O. Box NOT acceptable)					
	riorda meer addres					
	Orlando	Florida	32801			
	City	State	Zip			
laving been named as registered	agent and to accept serv	tice of process fo	r the above stated limited lia	bility company at the		
lace designated in this certificate	. I hereby accept the app	pointment as reg	istered agent and agree to ac	t in this capacity. T		
urther agree to comply with the p						
im familiar with and accept the or	pugauons of my position L	i as registerea ag	ent as proviaea for in Chapt	er 005, r.S		
	6	10/1/				
		W4 (O	(DEOLUDES:	-		
	Regis	tered Agent's Si	gnature (REQUIRED)			

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Roberto Abascal Jr.
	281 Hillcrest Dr
	Oviedo, FL 32765
	
late of filing.)	
REOUIRED SIGNATURE:	DocuSigned by: Retrie & Almand J84458EF5453C497.
This document i I am aware that a	e of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State rd degree felony as provided for in s.817.155, F.S.
Roberto /	Abaseal Jr. Typed or printed name of signee
\$125.00 Filing Fee for Article	Filing Fees: es of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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