

To:

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2023-09-14 17:00:35 CDT

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From: Santa Rosa Beach Receptionist

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : HAND ARENDALL HARRISON SALE LLC  
Account Number : 120190000129  
Phone : (850)769-3434  
Fax Number : (850)769-6121

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

Email Address: jcampfield@handfirm.com

FLORIDA LIMITED LIABILITY CO.  
REVIVE INVESTMENT GROUP, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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SECRETARY OF STATE  
TALLAHASSEE, FL

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**ARTICLES OF ORGANIZATION  
OF  
REVIVE INVESTMENT GROUP, LLC**

**ARTICLE I – NAME**

The name of the limited liability company is REVIVE INVESTMENT GROUP, LLC.  
("company").

**ARTICLE II – ADDRESS**

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

Principal Office Address:  
331 SERINA COVE  
DESTIN, FL 32541

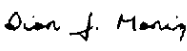
Mailing Address:  
331 SERINA COVE  
DESTIN, FL 32541

**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

HAND ARENDALL HARRISON SALE, LLC  
C/O DION MONIZ  
35008 EMERALD COAST PKWY, STE 500  
DESTIN, FL 32541

*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.*

DocuSigned by:  
  
687-081325-17105  
HAND ARENDALL HARRISON SALE, LLC

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STATE OF FLORIDA  
CLERK OF STATE

## ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

AMBR

JAKE ARMSTRONG  
331 SERINA COVE  
DESTIN, FL 32541

AMBR

MARY CATHERINE ARMSTRONG  
331 SERINA COVE  
DESTIN, FL 32541

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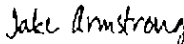
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## ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be 9/12/2023.

## REQUIRED SIGNATURE:

DocuSigned by:



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.

JAKE ARMSTRONG

Typed or printed name of signee