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COVER LETTER

TO:	New Filing Section Division of Corporations
SURJEC	Revenant Advisory Group LLC
30.2.	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Derek Werner Name of Person
	Name of Person
	Firm/Company
	1348 Beach Blud. PO Box 50753
	Admess
	Tacksonville Beach FL 32250 City/State and Zip Code Cevenantadvisory Decoton. me E-mail address: (to be used for future annual report notification)
	Cellan and dissort Description
	E-mail address: (to be used for future annual report notification)
For furthe	r information concerning this matter, please call:
	Derek Werner at 757 705-0589 Name of Person Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
½\$ 125.	00 Filing Fee ☐\$130.00 Filing Fee & ☐\$155.00 Filing Fee & ☐\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) ☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Street Address
	New Filing Section New Filing Section Division Division of Corporations The Centre of Tallahassee
	Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Revenant Advisory	Group LLC				
(Must co	ontain the words "Limited	Liability Com	pany, "L.L.C.," or "L.L	.C.")	
E II - Address:					
ing address and street	t address of the principal o	office of the Li	mited Liability Compa	ny is:	
<u>Prioc</u>	ripal Office Address:		<u>Maili</u>	ng Add	<u>ress</u> :
7901 4th St N			1348 Beach Blvd.		
STE 300			PO Box 50753		
St. Petersburg E III - Registered A ited Liability Compa	FL 3370 Agent, Registered Office, any cannot serve as its own active Florida registration	& Registered Registered A	Jacksonville Beach Agent's Signature:	FL ate an in	
St. Petersburg E III - Registered A ited Liability Compa ousiness entity with a	Agent, Registered Office, my cannot serve as its own in active Florida registration et address of the registered	& Registered A on.)	Jacksonville Beach Agent's Signature:		
St. Petersburg E III - Registered A ited Liability Compa ousiness entity with a	Agent, Registered Office, any cannot serve as its own in active Florida registration	& Registered A on.)	Jacksonville Beach Agent's Signature:		
St. Petersburg E III - Registered A ited Liability Compa ousiness entity with a	Agent, Registered Office, my cannot serve as its own in active Florida registration et address of the registered	& Registered A on.) d agent are:	Jacksonville Beach Agent's Signature:		
St. Petersburg E III - Registered A ited Liability Compa ousiness entity with a	Agent, Registered Office, any cannot serve as its own in active Florida registration et address of the registered Registered Agents In	& Registered A on.) d agent are:	Jacksonville Beach Agent's Signature: gent. You must design		32250 dividual
St. Petersburg E III - Registered A ited Liability Compa ousiness entity with a	Agent, Registered Office, my cannot serve as its own active Florida registration active Florida registered address of the registered Registered Agents In 7901 4th St N	& Registered A on.) d agent are:	Jacksonville Beach Agent's Signature: gent. You must design		

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: ___ __. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: 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. Derek Werner

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)