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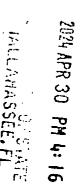
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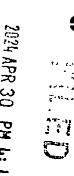
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03/06/24--01021--013 **125.00





COVER LETTER

Revive Management LLC		
BJECT:Nam	e of Limited Liability Company	
	Company for Authorization to Transact Business in Florida," Ce referenced foreign limited liability company to transact business	
ise return all correspondence concerning this matter t	o the following:	
Eluzer Weiner		
	Name of Person	
Realion Bookkeeping Services Corp.		
	Firm/Company	
36 Laura Dr.		
	Address	
Airmont NY 10952		
C	ity/State and Zip Code	
ap@revivecaring.com		
E-mail address: (to be	e used for future annual report notification)	
further information concerning this matter, please ca	II:	
Eluzer Weiner	845 320-2747 E	
Name of Contact Person	Area Code Daytime Telephone Number	
Mailing Address:	Street Address:	
Registration Section	Registration Section 65 -	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallanassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
Enclosed is a check for the following amount:		
Please make check payable to: FLORIDA DEP ■ \$125.00 Filing Fee □ \$130.00 Filing Fee		
- SEO 00 FIRMS FCC 1 1 3 1 3 0 .00 F 1 1 1 1 1 2 F CC	of Status Certified Copy of Status & Certified	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILIT COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Revive Management Ll (Name of Foreign	_C Limited Liability Company; must include "Limite	d Liabilit	v Company," "L.L.C.," or "LLC.")	
Revive Management NY				
f name unavailable, enter alternate r	ame adopted for the purpose of transacting business in F	lorida The	alternate name must include "Limited Liability Company," "L L.C	;" or "LLC.")
New York		,	93-1612526	
(Jurisdiction under the law of which foreign limited liability company is organized)		١,	(FEI number, if applicable)	
l		kiralia		
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	ine penalty	liability)	
2 Kahan Dr Unit 203		6.	277 Route 70, Unit 231	
5. Street Address of Principal Office)		0.	(Mailing Address)	
Palm Tree, NY 10950			Toms River, NJ 08755	
7. Name and street addres Name:	s of Florida registered agent: (P.O. Box Registered Agents Inc	x <u>NOT</u>	acceptable)	3
Office Address:	7901 4th St N STE 300 St.			
	Petersburg		33702 77 65 , Florida	,
	(City)		(Zip code)	
designated in this applica to comply with the provisi	gistered agent and to accept service of tion, I hereby accept the appointment a ons of all statutes relative to the propers of my position as registered agent. David Registered Registere	is regist r and co	for the above stated limited liability company ered agent and agree to act in this capacity. I implete performance of my duties, and I am fo	l further agr

manage [up to six (6) total]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Luzer Klein Name: _____ □Manager □Manager 2 Kahan Dr Unit 203 Address: __ ☐ Member Address: _____ ■Member Palm Tree, NY 10950 ☐ Authorized □ Authorized Person Person □Other _____ Other___ □Other _____ □ Other Name: _____ ☐ Manager □Manager Address: ☐ Member ☐ Member Address: _____ □ Authorized □ Authorized Person Person Other_____ □Other____ □Other____ □Other Name: _____ □Manager Name: _____ □Manager Address: ______ ☐ Member Address: ______ □Member ☐ Authorized □ Authorized Person Person □Other _____ □Other_____ Other____ □Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. 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. Signature of an authorized person

Luzer Klein

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the recorrequired by law to be filed in my office, do hereby certify that upon a diligent examination of the records of t Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: REVIVE MANAGEMENT LLC

DOS ID Number: 6846453

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Entity Status: EXISTING

Date of Initial Filing with DOS: 05/30/2023

Statement Status: CURRENT

Statement Due Date: 05/31/2025

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: ARTICLES OF ORGANIZATION

Date of Filing: 05/30/2023

Entity Name: REVIVE MANAGEMENT LLC

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on February 15, 2024 at 12:04 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Heylan

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100005202333 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov

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