

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

4/11/25

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H240004216093ABC

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

From:
Account Name : LYONS & LYONS, P.A.
Account Number : 120030000061
Phone : (239)948-1823
Fax Number : (239)948-1826

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

Email Address: marn@rivelleconsulting.com

**FLORIDA LIMITED LIABILITY CO.
RIVELLE CONSULTING SERVICES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

NOTE: This is a second submission for this LLC. Please see letter 625A00000137 and the requested AFFIDAVIT OF NO REINSTATEMENT. Thank you

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SECRETARY OF STATE
CORPORATION DIVISION

Electronic Filing Menu

Corporate Filing Menu

Help



January 3, 2025

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LYONS & LYONS, P.A.

SUBJECT: RIVELLE CONSULTING SERVICES, LLC
REF: W25000000628

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

If you have any further questions concerning your document, please call (850) 245-6052.

Carlos E Rico
Supervisor
New Filing Section

FAX Aud. #: H24000421609
Letter Number: 625A00000137

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Prepared by and return to:
Richard D. Lyons, Esq.
LYONS & LYONS | Attorneys at Law
27911 Crown Lake Blvd., Ste. 201
Bonita Springs, FL 34135
(239) 948-1823

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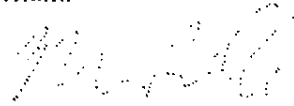
AFFIDAVIT OF NO REINSTATEMENT

STATE OF FLORIDA
COUNTY OF LEE

Before me, the undersigned authority, personally appeared Mam Rivelle "Affiant") on January 6, 2025, who swore or affirmed that:

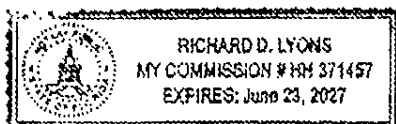
1. Affiant was the sole shareholder, sole director, and president of RIVELLE CONSULTING SERVICES, INC., a Florida corporation.
2. On December 26, 2024, Articles of Dissolution were filed for RIVELLE CONSULTING SERVICES, INC. with such dissolution being effective as December 31, 2024.
3. Affiant hereby states that he has no intention of reinstating RIVELLE CONSULTING SERVICES, INC.
4. In accordance with number 3, Affiant, individually and on behalf of RIVELLE CONSULTING SERVICES, INC. releases the name for use to another entity; specifically, that other entity is RIVELLE CONSULTING SERVICES, LLC, a Florida limited liability company.

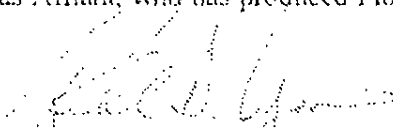
Affiant:


Mam Rivelle

Sworn and subscribed before by means of ☒ physical presence or ☐ online notarization this this 6th day of January 2025, by Mam Rivelle as Affiant, who has produced Florida Driver's License as identification.

Seal




Notary Public
Print name: _____
My Commission Expires: _____

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**ARTICLES OF ORGANIZATION
OF
RIVELLE CONSULTING SERVICES, LLC**

ARTICLE I – NAME

The name of the limited liability company is Rivelle Consulting Services, LLC, (the "Company").

ARTICLE II – ADDRESS

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

Principal Office Address:

2430 Vanderbilt Beach Road, Suite 108-276
Naples, Florida 34109

Mailing Address:

2430 Vanderbilt Beach Road, Suite 108-276
Naples, Florida 34109

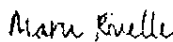
**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Marn Rivelle
2430 Vanderbilt Beach Road, Suite 108-276
Naples, Florida 34109

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



Marn Rivelle

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ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

Name and Address:

"MGR" = Manager

"AMBR" = Authorized Member

MGR

Marn Rivelle
2430 Vanderbilt Beach Road, Suite 108-276
Naples, Florida 34109

ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be January 1, 2025.

REQUIRED SIGNATURE:

Designated by:

Marn Rivelle

Marn Rivelle

Authorized Signator

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.

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