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TALLAHASSEE, FL 32301-2607
904-222-
904-222-0111 FAX

800-342-8086

CSC networks
PRINCIPAL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 708340 11489A

AUTHORIZATION : *Patricia Pizito*

COST LIMIT : \$ 122.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 13 PM 4:46

ORDER DATE : October 13, 1995

ORDER TIME : 9:43 AM

ORDER NO. : 708340

CUSTOMER NO: 11489A

CUSTOMER: Steven P. Oppenheim, Esq
OPPENHEIM & ASSOCIATES

800001610448

Suite 800
3191 Coral Way
Miami, FL 33145

DOMESTIC FILING

NAME: RIVA FAMILY INVESTMENT
PARTNERSHIP, LTD.

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jennifer Moran

EXAMINER'S INITIALS:

10/13/95
BK

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 13 PM 1:46

CERTIFICATE OF LIMITED PARTNERSHIP

OF

RIVA FAMILY INVESTMENT PARTNERSHIP, LTD.

The undersigned certifies and swears in this Certificate of Limited Partnership to the following:

1. NAME.

The name of the Limited Partnership is **RIVA FAMILY INVESTMENT PARTNERSHIP, LTD.**

2. MAILING ADDRESS.

The mailing address of the Limited Partnership and the location of its principal place of business is as follows:

5415 Collins Avenue
Suite 706
Miami Beach, Florida 33140

3. REGISTERED AGENT AND REGISTERED OFFICE.

The name and address of the registered agent and registered office for service of process is as follows:

Steven P. Oppenheim, Esq.
Terrabank Building, Suite 800
3191 Coral Way
Miami, Florida 33145

4. GENERAL PARTNER.

The name and business address of the General Partner is as follows:

Roberto L. Riva
5415 Collins Avenue
Suite 706
Miami Beach, Florida 33140

5. TERM OF PARTNERSHIP.

The term for which the Limited Partnership is to exist is from the date of filing of this Certificate until December 31, 2025, unless sooner dissolved by written consent of the Partners pursuant to the Partnership Agreement of the Limited Partnership.

IN WITNESS WHEREOF, the undersigned, has executed this Certificate of Limited Partnership this 10th day of October, 1995.

General Partner:



ROBERTO L. RIVA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 13 PM 1:46

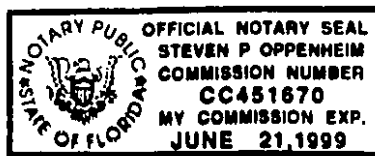
STATE OF FLORIDA)
) ss:
COUNTY OF DADE)

The foregoing instrument was acknowledged before me, a notary public, in and for said County and State, by **ROBERTO L. RIVA**, in his capacity as General Partner of **RIVA FAMILY INVESTMENT PARTNERSHIP, LTD.**, a Florida limited partnership in the process of formation, this 10th day of October, 1995.



Notary Public
State of Florida at Large

My commission expires:



**AFFIDAVIT AS TO
CAPITAL CONTRIBUTIONS**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 13 PM 1:46

STATE OF FLORIDA)
) SS:
COUNTY OF DADE)

BEFORE ME, the undersigned authority, personally appeared, **ROBERTO L. RIVA**, as General Partner of **RIVA FAMILY INVESTMENT PARTNERSHIP, LTD.**, who is personally known to me, who upon being duly sworn, deposes and says: .

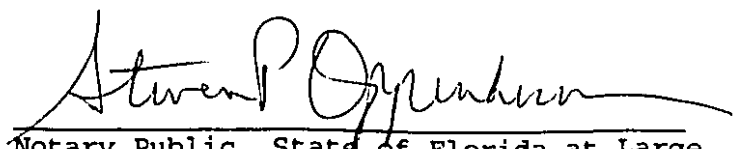
1. In connection with filing of the Certificate of Limited Partnership of the above Limited Partnership, the capital contributions of the Limited Partners are valued at \$ 7,500.00*. There is no requirement for additional capital contributions, however, any subsequent capital contributions, if any, shall be made in accordance with the Partnership Agreement of the Limited Partnership. *for present and future anticipated contributions



ROBERTO L. RIVA

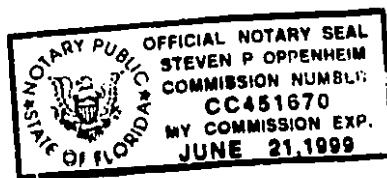
(SEAL)

SWORN TO AND SUBSCRIBED before me this 10th day of October, 1995 by **ROBERTO L. RIVA**.



Notary Public, State of Florida at Large

My commission expires:



FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$600 PENALTY FEE

FILED
A95
1995

0001546

FILED
96 FEB -9 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96-AR
CM

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership
DOCUMENT #
A95000001546

RIVA FAMILY INVESTMENT PARTNERSHIP, LTD.

Mailing Address
5415 Collins Avenue
Suite 706
Miami Beach, FL
33140

Principal Office Address
5415 Collins Avenue
Suite 706
Miami Beach, FL
33140

2. New Mailing Address, if Applicable
Suite, Apt. #, etc. c/o Oppenheim & Associates
3191 Coral Way, Suite 800
City, State & Zip Miami, FL 33145

2a. New Principal Office Address, if Applicable
Suite, Apt. #, etc.
City, State & Zip

3. Date Formed or Registered to Do Business in
FLORIDA 10/13/95

3a. Date of Last Report
N/A

4. State or Country of Formation
Florida

5a. Capital Contributions as Shown
on Record \$7,500

5b. Amount of Capital Contributions in
FLORIDA to date \$7,500

6. FEI Number
X Applied For
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED ☐

8. FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50
2.) Supplemental Fee: \$138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent
Steven P. Oppenheim, Esq.
Terrabank Building
3191 Coral Way, Suite 800
Miami, FL 33145

10. If changed, new Registered Agent/Office
Name 200001713722
Street Address (P.O. Box Number is Not Acceptable) 02/13/96--01105--001
Suite, Apt. #, etc. *****191.25 *****191.25
City FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration Document Number
Roberto L. Riva	5415 Collins Avenue Suite 706	Miami Beach, FL 33140	N/A

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability for non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE
Typed or Printed Name of General Partner Signing Form Roberto L. Riva
DATE 1/2/96
Telephone Number 305-867-9100

CR2E03 (6/95)