

CT CORPORATION SYSTEM

CORPORATION(S) NAME

L000000015780

Riviere Logent, LLC

200003508792--1

-12/20/00--01055--007

****125.00 ****125.00

☐ Profit

☐ Amendment

☐ Merger

☐ Nonprofit

☐ Foreign

☐ Dissolution/Withdrawal

☐ Mark

☐ Reinstatement

☐ Limited Partnership

☐ Annual Report

☐ Other

☒ LLC

☐ Name Registration

☐ Change of RA

☐ Fictitious Name

☐ UCC

☐ Certified Copy

☐ Photocopies

☐ CUS

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name

12/20/00

Order#: 3479044

Availability _____

Document

Examiner _____

Updater _____

Verifier _____

W.P. Verifier _____

Ref#: _____

Amount: \$ _____

00 DEC 20 PM 12:52 RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
DEC 20 AM 11:07

APPROVED
AND
FILED

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

JP
12-20-00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Riviere Logent, LLC

ARTICLE II - Address:


The mailing address and street address of the principal office of the Limited Liability Company is:
8889 Pelican Bay Blvd., Suite 403, Naples, Florida 34108

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~ CT Corporation System
Name
~~XXXXXXXXXXXXXXXXXXXX~~ 1200 S. Pine Island Road
Florida street address (P.O. Box **NOT** acceptable)
~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~ Plantation, Florida 33324
City, State, and Zip

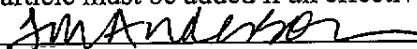
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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 608, F.S..


Registered Agent's Signature
James M. Halpin
Assistant Secretary

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Tara M. Anderson, Organizer

Typed or printed name of signee

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)

00 DEC 20 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED