

L020000 32188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

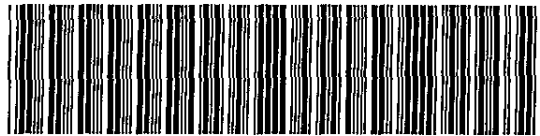
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000009173850

12/02/02--01087--001 **125.00

FILED

02 DEC -2 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GABRIEL POLITZER

305-666-4637

491 ARVIDA PARKWAY

MIAMI, FL 33156

ORIGINAL + 2 COPIES + FILING FEE

FILED

02 DEC - 2 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is: River Capital Management, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
491 Arvida Parkway, Coral Gables, Florida 33156.

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

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

Gabriel Politzer

NAME

491 Arvida Parkway

Florida street address (P.O. Box NOT ACCEPTABLE)

Coral Gables, Florida 33156

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

**ARTICLE IV - Management:
(Check box if applicable)**

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


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.)

Gabriel Politzer, Manager

Typed or printed name of signer

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)

02 DEC -2 AM 10:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED