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TRANSMITTAL LETTER

	istration Section ision of Corporations	•	
SUBJECT			EFFECTIVE DA
	(Name of Limited L	iability Company)	
The enclose	ed Articles of Organization and fee(s)	are submitted for filing.	
Please retur	n all correspondence concerning this i	natter to the following:	
Thomas I	Dyson		
	(Name of Person)		
River Vall	ey Advisors, LLC		
	(Firm/Company)		·
			- O
D.O.D	2222		03 SECI
P.O.Box		 .	ARCE OF THE
	(Address)		SSE L F
Fort Myer	rs,FL 33906		EE, FE
	(City/State and Zip Code)		8: 00
For further	information concerning this matter, plo	ease call:	
Thomas I	Dyson at (239 938-0222	<u> </u>
	(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET A		MAILING ADDRESS:	
Registration Section Registration Section Division of Corporations Division of Corporations			
409 E. Gain		P.O. Box 6327	
	, Florida 32399	Tallahassee, Florida 32314	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: River Valley Advisors, LLC

ARTICLE II - Address:

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

Principal Office A	ddress:	Mailing Address:	
7985 Tiger Palm Wa	у	P.O.Box 62232	
Fort Myers,FL 33912		Fort Myers,FL 3390	6
		istered Office, & Registered Agen of the registered agent are:	03 SEGI TALL
		vess (P.O. Box <u>NOT</u> acceptable)	FILED AUG -4 AM RETARY OF S AHASSEE, FI
	Fort Myers FL 33912 City, State, and Zip		S O(S

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

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:			
"MGR" = Manager				
"MGRM" = Managing Member				
MGRM	Thomas Dyson			
	7985 Tiger Palm Way			•
	Fort Myers ,FL 33912	 .		
MGRM	Christopher Dyson			
	60 Witek Street			-
	Uxbridge,MA 01569		-	
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NOTE: An additional article must be	e added if an effective date is requested.	m A	7	
DECLUDED CLONATUDE.		15 15	*	رن
REQUIRED SIGNATURE:		TATE	œ,	
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Ilean	Com		-	
Signature of a member	or an authorized representative of a member.			
(In accordance with second of this document constitution that the facts stated here	tion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury in are true.			

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)

Page 2 of 2

ARTICLE V - EFFECTIVE DATE: AUGUST 1, 2003