

**L040000001117**

Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850) 205-0383

**From:**

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**LIMITED LIABILITY COMPANY****rio vista holdings, llc**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

DIVISION OF CORPORATION

04 JAN -6 PM 5:00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FOR**  
**RIO VISTA HOLDINGS, L.L.C.**

The name of this Limited Liability Company ("Company") shall be:

The mailing address and street address of the principal office of the Company is:  
2901 SW 8 Street, Suite 204, Miami, Florida 33135.

The period of duration for the Company shall be perpetual unless dissolved according to law.

The Company is to be managed by: a manager or managers and the name(s) and address of such manager is:

**Scott Bensch**  
10400 Griffin Road - Suite 104  
Cooper City, Florida 33328-3320

The right of the members to admit additional members and the terms and conditions of the admissions shall be: new members may be admitted from time to time and upon such terms and conditions as shall be determined by a unanimous vote of the holders of all of the Membership Interests.

AND  
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TALLAHASSEE  
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**ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS**

The right of the members of the Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continual membership of a member in the Company shall be determined by a unanimous vote of the remaining holders of all of the Membership Interests to continue to conduct the business of the Company under the Company's name.

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TOTAL P.04

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND  
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

**RIO VISTA HOLDINGS, LLC**

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

**LUIS R. BOSCHETTI**  
NAME

**2901 SW 8 STREET, SUITE 204**  
Florida street address (P.O. BOX NOT ACCEPTABLE)

**Miami, Florida 33135**  
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.*

SIGNATURE

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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