## L04000021769

| (Re                                  | questor's         | Name)        | <u> </u> | _ |
|--------------------------------------|-------------------|--------------|----------|---|
| (Ad                                  | dress)            | <u> </u>     |          | _ |
| (Ad                                  | dress)            |              |          |   |
|                                      |                   |              |          |   |
| (Cit                                 | y/State/Zi        | p/Phone #)   |          |   |
| . PICK-UP                            | □ w               | 'AIT         | MAIL     |   |
| (Bu:                                 | sin <b>ess</b> En | tity Name)   |          |   |
| Юо                                   | cument N          | umberì       |          |   |
| <b>\</b>                             |                   | <b>,</b>     |          | - |
| Certified Copies                     | Cer               | tificates of | Status   |   |
|                                      |                   |              |          |   |
| Special Instructions to I            | Filing Office     | cer:         |          | ٦ |
|                                      |                   |              |          |   |
|                                      |                   |              |          |   |
|                                      |                   | •            |          |   |
| Nam <b>e</b><br>Availabilit <b>y</b> |                   |              |          |   |
| Document<br>Examiner                 | Duu               |              |          |   |
| Updater                              | Öffice            | Jse Only     |          |   |
| Uprlater<br>Verayer                  | ?                 |              |          |   |
| Acknowledgement                      | ئادرا             |              |          |   |
| W P Verifyer                         | OC.G              |              |          |   |



100030237681

03/12/04--01012--010 \*\*775.00

04 KAR 11 AM 7: 55

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I -<br>The name of t      | - Name:<br>he Limited Liai                                | bility Compan   | y is: Rive   | es LLC   |  |                               |
|-----------------------------------|---|---|--|--|--|-------------------------------|
| ARTICLE II The mailing a          | ddress and stree  |   |  | ce of the Limited  |  |                               |
| 2731                              | SW  | 8645  | WAY  | DAUIE,   | 42   | 3332                          |
| ARTICLE II                        |   |   |  | Registered Agen  |  |                               |
| The name and                      | the Florida stre  | eet address of  | the registered ag  | gent are:  |  |                               |
|                                   |   | LINDA   | Go.S.s   | est  |  |                               |
|                                   | _2'   | 031 5   | Name  SW SW  ddress (P.O. Box N  | The Way  |  |                               |
|                                   |   |   |  |  | _4.  |                               |
|                                   |   | LAVIE ,   | City State and Zin   | 333  | 28   |                               |
| registered age<br>statutes relati | ent and agree to<br>ng to the proper<br>ligations of my p | o act in this cap<br>r and complete<br>position as reg<br>Regis | pacity. I further performance of istered agent as made agent's Signature agent | I hereby accept the agree to comply we fany duties, and I comprovided for in Claracter and the control of the c | vith the promition familian fa | ovisions of all<br>r with and |
|                                   | V   | 13  |  | 01100110 4400 15 1   | oquesicu)  | 2                             |
|                                   |   |   |  | presentative of a me   |  | 7: 56                         |
|                                   | of this d   | ocument constitu<br>facts stated herei                          | tes an affirmation u   | inder the penalties of   | perjury  |                               |
|                                   |   | William<br>Typed  | or printed name of   | Saisse St<br>signee  | <del></del>  |                               |
|                                   | <b>6</b> 1  |   | iling Fees:  |  |  |                               |
|                                   |   |   | for Articles of Or<br>on of Registered A   |  |  |                               |

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)