

L04000058408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

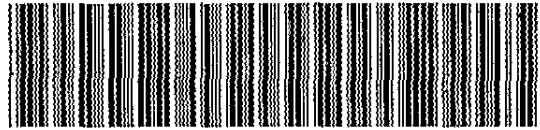
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/05/04--01027--017 \*\*160.00

FILED  
2004 AUG -5 PM 2:47  
CLERK OF COURTS  
TALLAHASSEE, FLORIDA

J. BRYAN AUG - 6 2004

272 Fleming Dr.  
Green Cove Springs,  
FL 32043  
Aug. 2, 2004

Florida Department of State

FILED  
2004 AUG -5 PM 2:47  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Dear Sirs:

Enclosed please  
find an application for  
a L.L.C., Riverscape LLC and  
a check for \$160.00 for  
filing fees.

Yours,  
Wilbur H. Davidson

904-284-7565

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Riverscape LLC

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

W. H. Davidson

(Name of Person)

(Firm/Company)

272 Fleming Drive

(Address)

Green Cove Springs, FL 32043

(City/State and Zip Code)

For further information concerning this matter, please call:

Bill Davidson

(Name of Person)

at ( 904 )

284-7565

(Area Code & Daytime Telephone Number)

### STREET ADDRESS:

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

FILED  
2004 AUG -5 PM 2:47  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Riverscape LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

Riverscape LLC

272 Fleming Drive

Green Cove Springs, FL 32043

**Mailing Address:**

Riverscape LLC

272 Fleming Drive

Green Cove Springs, FL 32043

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

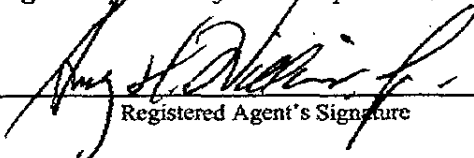
The name and the Florida street address of the registered agent are:

GRADY H. WILLIAMS, JR.  
Name

1543-5 Kingsley Avenue  
Florida street address (P.O. Box **NOT** acceptable)

Orange Park FLORIDA 32073  
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, Florida Statutes..*

  
Registered Agent's Signature

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Wilbur Hoover Davidson

272 Fleming Drive

Green Cove Springs, FL 32043

MGRM

Joyce Williams Davidson

272 Fleming Drive

Green Cove Springs, FL 32043

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

*Wilbur H. Davidson*

**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.)

Wilbur H. Davidson

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)**

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TALLAHASSEE, FLORIDA