

LOY 0000059826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

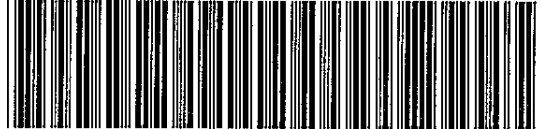
(Business Entity Name)

(Document Number)

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

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FILED  
04 AUG 12 AM 11:12  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

RECEIVED  
04 AUG 12 AM 9:39  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS

BK

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

~~000~~ Riverview South, LLC

FILED  
04 AUG 12 11:12 AM  
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TALLAHASSEE, FLORIDA

- ☐ Art of Inc. File \_\_\_\_\_
- ☐ LTD Partnership File \_\_\_\_\_
- ☐ Foreign Corp. File \_\_\_\_\_
- ☒ L.C. File \_\_\_\_\_
- ☐ Fictitious Name File \_\_\_\_\_
- ☐ Trade/Service Mark \_\_\_\_\_
- ☐ Merger File \_\_\_\_\_
- ☐ Art. of Amend. File \_\_\_\_\_
- ☐ RA Resignation \_\_\_\_\_
- ☐ Dissolution / Withdrawal \_\_\_\_\_
- ☐ Annual Report / Reinstatement \_\_\_\_\_
- ☐ Cert. Copy \_\_\_\_\_
- ☒ Photo Copy \_\_\_\_\_
- ☐ Certificate of Good Standing \_\_\_\_\_
- ☐ Certificate of Status \_\_\_\_\_
- ☐ Certificate of Fictitious Name \_\_\_\_\_
- ☐ Corp Record Search \_\_\_\_\_
- ☐ Officer Search \_\_\_\_\_
- ☐ Fictitious Search \_\_\_\_\_
- ☐ Fictitious Owner Search \_\_\_\_\_
- ☐ Vehicle Search \_\_\_\_\_
- ☐ Driving Record \_\_\_\_\_
- ☐ UCC 1 or 3 File \_\_\_\_\_
- ☐ UCC 11 Search \_\_\_\_\_
- ☐ UCC 11 Retrieval \_\_\_\_\_
- ☐ Courier \_\_\_\_\_

Signature \_\_\_\_\_

Requested by [Signature]

Name \_\_\_\_\_

Date 8/12

Time 9:25

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY

FILED  
04 AUG 12  
PM 11:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I. Name:

The name of the Limited Liability Company is:

RIVERVIEW SOUTH, LLC

ARTICLE II. Address:

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

1202 PARRILLA DE AVILA, TAMPA, FL. 33613

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

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

CHRIS P. TSOKOS

Name

1202 PARRILLA DE AVILA

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

TAMPA, FLORIDA 33613

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.*

*Chris P. Tsokos*

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

*Chris P. Tsokos*

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.)

CHRIS P. TSOKOS

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)