## 1000084461 Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

Account Name : EMPIRE CORPORATE KIT COMPANY

-Account Number: 072450003255

Phone : (305) 634-3694

-Fax Number .

**:** (305)633-9696

LIMITED LIABILITY COMPANY

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY RIVERSIDE 22 INVESTMENTS LLC

#### ARTICLE I

The name of the limited liability company shall be: RIVERSIDE 22 INVESTM

LLC

#### ARTICLE II

The principal place of business and mailing address of the corporation shall be:

#### 13255 SW 135 AVENUE MIAMI FLORIDA 33187

#### ARTICLE III

This limited liability company shall commence its existence immediately upon the filing of the Articles of Organization and shall perpetually thereafter be in existence unless sooner dissolved by and in accordance with Florida law.

#### ARTICLE IV

The name and address of the initial registered agent is:

GILBERT A. CONTRERAS 13255 SW 135 AVENUE MIAMI FLORIDA 33187

#### ARTICLE Y

The limited liability company is to be managed by a manag

The undersigned has executed these Articles of Organization on this 1 day of November, 2004.

Gifbert A. Contreras Esq.

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## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Florida Statutes, the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

First that, RIVERSIDE 22 INVESTMENTS LLC desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization, has named GILBERT A. CONTRERAS ESQ., whose address is 13255 SW 135 Avenue, Miami Florida 33187, as its agent to accept service of process within this State.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-STATED CORPORATION 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 PROFER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT

SIGNATURE

Registered Agent

N 19 AM ID: 16
AHASSEE, FLORIDA

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