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SECRETARY OF STATE

01/19/05--01032--006 **130.00

TRANSMITTAL LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT:		operties, LLC	
The enclosed Article	s of Organization and fee(s) are s		
Please return all corr	espondence concerning this matt	er to the following:	
		ames Riegler Name of Person)	
	`		
		iness Services, Inc. (Firm/Company)	
	9002 Sou	thwest 152nd Street	
		(Address)	ECRET
		ni, Florida 33157	ARY ARE
	(City	/State and Zip Code)	JAN 19 P :
For further informati	on concerning this matter, please	call:	3 31 TATE ORIDA
	mes Riegler	at (305254-4555	·
(Na	ame of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check	c for the following amount:		ee steele
☐ \$125.00 Filing F	ee 3 \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re Di	REET ADDRESS: gistration Section vision of Corporations 9 E. Gaines Street	MAILING A Registration S Division of C P.O. Box 632	ection orporations

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Rieman Properties, LLC		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited L.	iability Compa	ny is:
Principal Office Address: Mailing Address:		÷ -
9002 Southwest 152nd Street Same Miami, Florida 33157		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent' The name and the Florida street address of the registered agent are: James Riegler Name 9002 Southwest 152nd Street Florida street address (P.O. Box NOT acceptable)	SECRETARY OF STATE AND AHASSEE, FLORIDA	
Miami, FL 33157 City, State, and Zip Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept the registered agent and agree to act in this capacity. I further agree to comply with statutes relating to the proper and complete performance of my duties, and I at accept the obligations of my position as registered agent as provided for in Complete performance of my duties.	he appointment h the provisions m familiar with	as of all and
Registered Agent's Signature		

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	~
Wandging Womoo		=-
MGRM	Neil B. Schuckman	
•	10777 East Flounder	• •
	Floral City, Florida 34436	****
MGRM	James Riegler	
	14221 SW 92 Avenue	· · · · · · · · · · · · · · · · · · ·
	Miami, Florida 33176	
MGRM	Avril H. Schuckman	, , ,
, , , , , , , , , , , , , , , , , , , 	10777 East Flounder	
	Floral City, Florida 34436	سد.ه کیچ ده چی ژب
MGRM	Filomena Riegler	· ·
	14221 SW 92 Avertile	
	Miami, Florida 33 176	magneg
(Use attachment if necessary)	JAN 19 RETARY AHASSES	
NOTE: An additional article must be a	- F.S C	
REQUIRED SIGNATURE:	ORI W	
Signature of a member or	an authorized representative of a member.	*
	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)	
J:	ames Riegler	
	or printed name of signee	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)