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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Riverview Land Ventures, LLC (Name of Limited	i Liability Company)	
The enclosed Articles of Organization and fee(s) are su	ubmitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
John D. DiPietro	Name of Person)	
(6	vame of Person)	
JDP LandVentures, LLC		······································
(I	Firm/Company)	
1043 Big Pine Key		
	(Address)	
Atlantic Beach, FI 32233		
(City/	State and Zip Code)	
For further information concerning this matter, please	call:	
	at (904) 710-7431	1 - 1
(Name of Person)	(Area Code & Daytime Te	repaone Number)
Enclosed is a check for the following amount:		
2 \$125.00 Filing Fee \$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)
STREET ADDRESS: Registration Section	MAILING AI Registration S	
Division of Corporations 409 E. Gaines Street	Division of Co P.O. Box 6327	erporations
Tellahassee Florida 22200	Tallahassee F	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compar	nv is		
the hanc of the Emilieu Diability Compan	ıy ıs.		
Riverview Land Ventures, LLC			
ARTICLE II - Address:			
The mailing address and street address of t	he principal office of the Limite	ed Liability Company is:	
Principal Office Address:	Mailing Address:		
	1043 Big Pine Key		
1043 Big Pine Key Atlantic Beach, FI 32233	Atlantic Beach, FI 32233		
		· · · · · · · · · · · · · · · · · · ·	
ARTICLE III - Registered Agent, Regist	tered Office. & Registered Ag	ent's Signature:	
The name and the Florida street address of	the registered agent are:		
John D. DiPietro			
ľ	Vame		
1043 Big Pine Key			
Florida stre	et address (P.O. Box NOT acceptable	e)	
Atlantic Beach, FI 32233	FL		
City, S	tate, and Zip		
Having been named as registered agent an liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	d in this certificate, I hereby accepacity. I further agree to comply the performance of my duties, and	ept the appointment as with the provisions of all d I am familiar with and	
Registered A	gent's Signature	: Os	
\bigvee	- -		
(CON	TINUED)	_	
Page	1 of 2		

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	Name and Address:
"MGRM" = Managing Member	
MGRM	John D. DiPietro
	1043 Big Pine Key
	Atlantic Beach, Fl 32233

(Use attachment if necessary)	
NOTE: An additional article m	ust be added if an effective date is requested.
REQUIRED SIGNATURE:	
John) No Putr
Signature of a me	mber or an authorized representative of a member.
of this document of	h section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury ted herein are true.)
John D. DiPletro) -
	Typed 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)