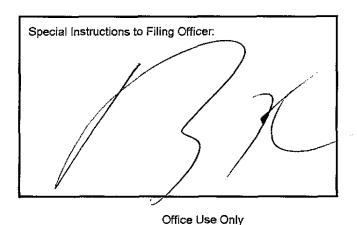
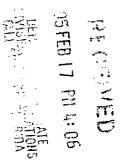


(Re	equestor's Name)		
(Ac	ldress)		
(Address)			
, (Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	





O5 FEB 17 PM 5: 31





CORPORATION SERVICE COMPANY.

1201 Hays Street Tallahassee; FL 32301 850-521-1000 850-521-1010(fax)

Account Number: 072100	0000032	7
Client Account Number:_	· · · · · · · · · · · · · · · · · · ·	C. T. C.
Cost Limit: #1100	,00	ORDER ORDER
Cost Limit: # 1 Authorization::	tricia lypito	-
Contact: Amanda	Haddan Ext. 2955	
	ration Name(s) & Document n	
1) Bivage G	PILLC	···
C	,	
2)		<u> </u>
3)		
4)Stamped Copy _	X Certified Copy X 66	od Standing
Type of Filings:		
New Filings	Amendment	Qualification
Profit	Amendment	Profit
NFP	COA	NFP
X_LLC	Dissolution/Withdrawal	LLC
LTD	Merger	LTD
Other:		
Annual Report	Fictitious Name	Reinstatement

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

2005 2:51PM	NO. 6767 P. 2/3	
ARTICLES OF ORGAI FOR FLORIDA LIMITED LIABIL		
ARTICLE I - Name: The name of the Limited Liability Company is: Rivage GP, LLC	TO T	
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:	
Principal Office Address:	Maîling Address:	
870 111th Avenue North	870 111th Avenue North	
Suite 1	Suite 1	
Naples, Florida 34108	Naples, Florida 34108	
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the registered		
Corporation Service Company Name		
1201 Hays Street Florida street address (P.O. Box <u>NOT</u> acceptable)		
Tallahassee FI. City, State, and Zip	ORIDA 32301	

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...

> Corporation Service Company Cynthia L. Harris Registered Agent's Signature as its agent

> > Page 1 of 2 (CONTINUED)

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Rivage Partners, LLC 870 111th Avenue North, Suite 1 Naples, Florida 34108
(Use attachment if necessary)	
NOTE: Au additional article mus	t be added if an effective date is requested.
REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member.
(In accordance with section	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury

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)

By Rebecca S. Heath
Typed or printed name of signee