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(F	Requestor's Name)	
(/	Address)	
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(0	City/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Nam	e)
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ortified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
	vers, LLC
(Name o	of Limited Liability Company)
The enclosed Articles of Organization and fe	e(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
E. Vaughan Ri	vers
	(Name of Person)
_ Rivers & Rivers,	LLC
	(Firm/Company)
1882 Bellair Bo	ulevard
	(Address)
Orange Park, Fl	orida 32073
	(City/State and Zip Code)
For further information concerning this matter	r, please call:
E. Vaughan Rivers (Name of Person)	at (904) 264-0123 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amo	unt:
□ \$125.00 Filing Fee □ \$130.00 Filing Certificate of State	
STREET ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
409 E. Gaines Street	P.O. Box 6327
Tallahassee, Florida 32399	Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Rivers & Rivers, LLC	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1882 Bellair Boulevard Orange Park, Florida 32073	1882 Bellair Boulevard Orange Park, Florida 32073
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	gistered agent are:
E. Vaughan Rivers Name	
1882 Bellair Boule Florida street addr	evard ress (P.O. Box <u>NOT</u> acceptable)
Orange Park City, State, an	FL 32073 nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per accept the obligations of my position as regist	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608 F.S.
(CONTINU	π ED)

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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
WORW - Wanaging Welfiel	
MGR	E. Vaughan Rivers
	2245 Reed Street Orange Park, Florida 32073
MGRM	Jennifer L. Rivers
	2245 Reed Street
	Orange Park, Florida 32073
(Use attachment if necessary)	
NOTE: An additional article must l	be added if an effective date is requested.
	•
REQUIRED SIGNATURE:	
()	nil A
Signature of a member	or an authorized representative of a member.
(In accordance with sec of this document constitution of the facts stated here.)	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury exein are true.)
Jennifer_F Tyr	Rivers ed or printed name of signee
Filing Fees:	
\$125.00 Filing Fee for Articles of Organ of Registered Agent	ization and Designation
\$ 30.00 Certified Copy (Optional)	in the second of
\$ 5.00 Certificate of Status (Optional)	
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