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05 MAR 14 PH 2: 19

3H105

TRANSMITTAL LETTER

	on Section of Corporations		-
SUBJECT:	76 Riverview Limited LLC		
	(Name of Limited	d Liability Company)	
The enclosed Artic	· les of Organization and fee(s) are so	ubmitted for filing.	
Please return all co	rrespondence concerning this matte	er to the following:	
	K. K. Bradley		
<u></u>	C	Name of Person)	
	76 Riverview Limited LLC	C	
	()	Firm/Company)	····
	PO Box 218		I SE
-		(Address)	MAR A
	Flagler Beach, FL 321	136 .	05 MAR 14 PH 2: 19 SECILLATIAS SEE, LORIDA
	(City/	State and Zip Code)	1 2:
For further informa	tion concerning this matter, please	call:	19 RIDA
	K. Bradley	at (_386) 439-2073	
1)	Name of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a chec	ck for the following amount:		
□ \$125.00 Filing I	Fee 2 \$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)
R D 40	TREET ADDRESS: egistration Section division of Corporations Section Edition Section Se	MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7

FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 16, 2005

K.K. BRADLEY PO BOX 218 FLAGLER BEACH, FL 32136

SUBJECT: 76 RIVERVIEW LIMITED LLC

Ref. Number: W05000008238

We have received your document for 76 RIVERVIEW LIMITED LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "LIMITED." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 405A00011129

MAR 14 PH 2: I

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

76 R	iverview LLC
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
209 N. Daytona Ave	PO Box 218
Flagler Beach, FL 32136	Flagler Beach, FL 32136
The name and the Florida street address	egistered Office, & Registered Agent's Signature: s of the registered agent are:
	Name Dr. 9
2	09 N. Daytona Ave,
Florida	a street address (P.O. Box NOT acceptable)
Flagler Beac	ch, _{FL} 32136
Ci	ity, State, and Zip
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my position.	at and to accept service of process for the above stated limited mated in this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of all implete performance of my duties, and I am familiar with and in as registered agent as provided for in Chapter 608, F.S

(CONTINUED)

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		
MGRM	P. L. Parker, Jr.	
	PO Box 218	
	Flagler Beach, FL 32136	
		
		
		
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		 .
(Use attachment if necessary)		
NOTE: An additional autists must be	h	
NOTE: An additional article must i	be added if an effective date is requested	l.
REQUIRED SIGNATURE:	7 / 1 -	
magement storm one.	$Q / I / \Omega$	
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//.	and /	
Signature of a member	or an authorized representative of a member.	
(In accordance with sect	tion 608.408(3), Florida Statutes, the execution	
of this document constit that the facts stated he	utes an affirmation under the penalties of perjury	
	P. L. Parker, Jr.	ZX XX
Тур	ed or printed name of signee	Cia
Elling From		5 .
Filing Fees:		SS
\$125.00 Filing Fee for Articles of Organ	ization and Designation	<u></u>
of Registered Agent	-	
\$ 30.00 Certified Copy (Optional)		\mathbf{S}_{\pm}
\$ 5.00 Certificate of Status (Optional)		~ _