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From: Account Name : HUECO
Account Number : 104662003400
Phone : (516)935-3940
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LIMITED LIABILITY COMPANY

J.A. Rivera LLC

Certificate of Status	1
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DIVISION OF CORPORATION
STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **J.A. Rivera 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:10836 Crescent Ridge Loop10836 Crescent Ridge LoopClermont, FL 34711Clermont, FL 34711

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

The name and Florida street address of the registered agent are:

Jose RiveraName10836 Crescent Ridge Loop(P.O. Box or Mail Drop Box NOT Acceptable)Clermont, FL 34711(City / State / Zip)

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SECRETARY OF STATE

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, F.S.



Registered Agent's Signature - Jose Rivera

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRJose Rivera- 10836 Crescent Ridge Loop, Clermont, FL 34711

(Use attachment if necessary)

REQUIRED SIGNATURE:


 Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Jose Rivera

Typed or printed name of signee

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