

JUL 05 '05 12:22 FROM:

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Florida Department of State  
Division of Corporations  
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Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : LAW OFFICE OF MITCHELL A. SHERMAN, P.A.  
Account Number : T20030000145  
Phone : (561)738-1202  
Fax Number : (561)738-1676

M. HODGES

RECEIVED

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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**Riya Enterprises, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 02       |
| Estimated Charge      | \$155.00 |

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Riya Enterprises, LLC

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

9880 Via Bernini  
Lake Worth, Florida 33467

#### Mailing Address:

9880 Via Bernini  
Lake Worth, Florida 33467

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

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

Iveta Akel

Name

9880 Via Bernini


Florida street address (P.O. Box **NOT** acceptable)

Lake Worth, Florida 33467

FL

City, State, and Zip

*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

(CONTINUED)

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**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:**

MGRM

Rasmi Akel

9880 Via Bernini

Lake Worth, FL 33467

MGRM

Iveta Akel

9880 Via Bernini

Lake Worth, FL 33467

(Use attachment if necessary)

**NOTE: An additional article must 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 of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Iveta Akel  
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)**

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