only I RA 00789-02595-00524-00671

**125.00

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(Requestor's Name) (Address)			
(Address)	100057312511		
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL (Business Entity Name)	07/18/0501028023 **12		
(Document Number)	, ru)		
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WW 34910

TRANSMITTAL LETTER

	Registration Sec Division of Cor			
SUBJEC	T. R	IODIUA	7	
SCHORE		(Name of Limited	Liability Company)	
The enclo	osed Articles of	Organization and fee(s) are su	bmitted for filing.	
Please re	turn all correspo	ondence concerning this matter	r to the following:	
	13	OY O'BRY	ANASTER	-CYO'Bryan
		RIODIUA		·
		(F	Firm/Company)	
	221	HARBOR		
			(Address)	
	Ke	EY LARGO (City/	FLOIZIDA 3 State and Zip Code)	3037
For furth	10,6	concerning this matter, please of Person))	1964 dephone Number)
Enclosed	d is a check fo	r the following amount:		
\$125.0	00 Filing Fee	□ \$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)
		ET ADDRESS:	MAILING A	

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Registration Section
Division of Corporations
P.O. Box 6327
__Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 22, 2005

ROY O'BRYAN RIO DIVA 221 HARBOR DRIVE KEY LARGO, FL 33037

SUBJECT: RIO DIVA

Ref. Number: W05000034910

We have received your document for RIO DIVA and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

There can be only one registered agent. You must remove the name and signature of one person from Article III.,

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) 245-6967.

Letter Number: 605A00048063

Michelle Hodges Document Specialist

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
RIODIVA L.L.C.	·	_
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability	Company is:
Principal Office Address:	Mailing Address:	
ZZI HARBOR DRIVE KEY LARGO, FLORIDA 33037		-
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signa	ature:
The name and the Florida street address of the re	egistered agent are:	
BEVERLY O'B	RYAN	
Name		
221 HARBORS	Dewe	
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)	
KEY LARCO City, State, a	FL 33037 nd Zip	
Having been named as registered agent and to a 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 regis	his certificate, I hereby accept the appo i. I further agree to comply with the pro- rformance of my duties, and I am famile	ointment as rovisions of all liar with and
Registered Agent/s	Signature	05 At 2
		the state of the s
(CONTIN	UED)	
Page 1 of 2		e e e esta. Minima

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manag "MGRM" = Man		
Mar marm	BEVERLY O'BRYAN ZZI HARBOR DRIVE KEY LARGO FLORIDA 33037 ROY O'BRYAN ZZI HARBOR DRIVE KEY LARGO FLORIDA 33037	
(Use attachment	if necessary)	
NOTE: An add	itional article must be added if an effective date is requested. GNATURE:	
	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.) 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)