## L05000111778

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	<u></u>
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
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J. SRYMMI NOV 1: 8: 2005

## **COVER LETTER**

TO: Registration Se Division of Co			
Division of Co	Page 1	Rivers, L.L.C.	
SUBJECT:		d Liability Company)	
	•		
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	Jai	mes Rios Name of Person)	
	<u> </u>	Name of Person)	
	Kegal	Rivers, L.L.C.	
***************************************	0 (	Firm/Company)	
	14868 5	1.W. 51 St Street	, E
~ <del>-</del>		(Address)	2
	Davie,	FL. 33331	14 P)
	(City	(State and Zip Code)	بن
			6
For further information	concerning this matter, please	call:	
Tamas	Rice	454 448.9887	-
(Name	e of Person)	at ( 954 ) 448 - 9887 (Area Code & Daytime Telephone Number)	
Enclosed is a check for	or the following amount:		
			_
] \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	▼ \$155.00 Filing Fee & ☐ \$160.00 Filing Certified Copy Certificate of Status	
	04.4	(additional copy is enclosed) Certified Copy (additional copy is enclosed)	
	Mailing Address	Street/Courier Address	
	Registration Section	Registration Section	
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Regal	Rivers, L.L.C.
(Must end with the words "Limited Liability Company, "L	imited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
14868 SW 51 Street DAVIE FL 33331	14868 SW 51 Street  DAVIE FL 33331
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)  The name and the Florida street address of the serve as its own R business entity with an active Florida registration.)	
Na	51 Street
Plorida street Davie, Fl	t address (P.O. Box NOT acceptable)  ord $_{\widetilde{FL}}$ 3333    Ite, and Zip
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	$\sim$ 0
MERM	Jandra K105 14868 SW 51 St.
	DAVIE FL. 33331
MGRM	James Rios 14868 SW 51 St. DAVIE FL. 33331
	<b>18</b>
	SSIC
	SSEE
(Use attachment if necessary)	DA CONTRACTOR OF THE PROPERTY
	P &
LE V: Effective date, if other than the fective date is listed, the date must be	e date of filing: (OPTIONAl perspecific and cannot be more than five business day
LE V: Effective date, if other than the	e date of filing: (OPTIONAL)
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LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memb  (In accordance with see of this document constitute the facts stated)	e date of filing:
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memb  (In accordance with see of this document constitute the facts stated)	e date of filing:
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memb  (In accordance with see of this document constitute the facts stated)	e date of filing: (OPTIONAL)  oe specific and cannot be more than five business day  er or an authorized representative of a member.  ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memb  (In accordance with see of this document constitute the facts stated)	e date of filing: