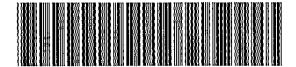
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only

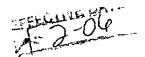


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SECRETARY OF STATE
TALL ANASSEE, FLORID

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#### **COVER LETTER**

то:	Registration Se Division of Cor		-	•	•	•	
SUBJE	CT. RIVE	12SDE	INVESTA	IENT MANAGER	es L.L.C,		
BUBGE		0	Name of Limited	l Liability Company)			•
The en	closed Articles of	f Organization	and fec(s) are st	ibmitted for filing.			
Please	return all corresp	ondence conce	ming this matte	r to the following:			
	ENGENE	: . <u></u>	PAUL	Name of Person)			
			(1	Name of Person)	<u> </u>		
	RIVERSIL	E INV	ESTMEN	IT MANAGERS	L.L.C.	_	
	1512 K	IVERSI	DE DA	IVE			
				(Address)			-
	TARPOI	U SPRI	NGS ,	(Address)  FL 34689  (State and Tip Code)		SEI	2003
			(City.	/State and Zip Code)		CRE AH	-B
	ther information					TARY C ASSEE	005 DEC 14 PM 2: 15
EV	BENE S	. PAUL	<del></del>	at (727) 946 (Area Code & Daytime	5-0592	F STAT	2
	(Name	of Person)		(Area Code & Daytime	e Telephone Number)	ATE RIO	<u></u>
Enclos	sed is a check fo	or the followi	ng amount:			محتن	
<b>]</b> \$125	5.00 Filing Fee	\$130.00 Certificate	Filing Fee & of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of S	Status &	
		P.O. Box 6	Section Corporations	Street/Courier Add Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassec, FL 323	tions ter Circle		

# TIND

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RIVERSIDE	INVESTMENT MA	NAGERS	LLC.		
Must end with the word	ls "Limited Liability Company, "Lin	nited Company" or th	eir abbreviation "L	LC," or "L.C.,")	
ARTICLE II - Ac	ddress: ss and street address of the	principal office	of the Limited	l Liability Company is	:

ARTICLE I - Name:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1512 RIVERSIDE DRIVE TARROW SPRINGS, FT. 341089	TARADON SPRINGS, FT 34189
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration of the registration of the registration of the registration.  EVGENE S. PANAME  Name  1512 RIVENSIDE DE	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another of the cigistered agent are:  PH 2: 16
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
TARPON SPRINGS	
City, State, a	палір

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

FEEGTIVE DATE

<u> [itle:</u> MGR" = Manager	Name and Address:
MGRM" = Managing Member	۸
MGR	EVEDUE S. PAUL
	1512 CHENSIDE BRIVE
	THEPUN SPIGNOS, 12: 37689
	4
	27
	> <del>***</del>
Use attachment if necessary)	
- ·	e date of filing: 01/02/2006 (OPTION
LE V: Effective date, if other than the	date of filing: 01/02/2006 (OP EUN
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cetive date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member	er or an authorized representative of a member.
ective date is listed, the date must he days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member (In accordance with se	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)