

L06000080315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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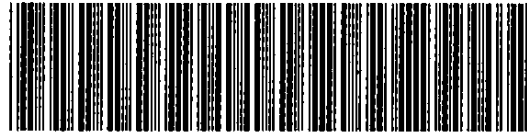
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Riverview Investment Group, L.L.C.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Florian L. Beles

(Name of Person)

Riverview Investment Group, L.L.C.

(Firm/Company)

P.O. Box 1001
Brandon FL 33509

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

Ed Brackin _____ at (813) 245-5358
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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STREET ADDRESS:

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

MAILING ADDRESS:

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

Riverview Investment Group, L.L.C.

ARTICLE II – Address:

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

Principal Office Address:

722 Sailfish Drive _____

Brandon FL 33511

Brandon FL 33511 _____

Mailing Address:

P.O. Box 1001

Brandon FL 33509 _____

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

George W Barber

Name

545 Sanctuary drive Unit A-702

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

Longboat Key FL 34228

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.

X

George W Barber
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:

MGR _____

Florian L. Beles
P.O. Box 1001
Brandon FL 33509

MGRM _____

E. L. Brackin, Jr
P.O. BOX 291811
TAMPA FL 33687

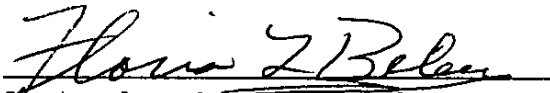
MGRM _____

Ann L. Carder
1602 Woodnar Drive
Sun City Center FL 33573

(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.)

Florian L. Beles
Typed or printed name of signee

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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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