

LOG 000123183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300082026393

FILED

06 DEC 29 PM 1:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2006 DEC 29 AM 10:56

NOT RETURNED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Drive, Suite A Tallahassee, FL 32301**

**PHONE: (850) 216-0457; FAX: (850) 216-0460**

---

**DATE: 12-29-06**

**NAME: TEMPE RI MANAGER, LLC**

**TYPE OF FILING: ARTICLES OF ORGANIZATION**

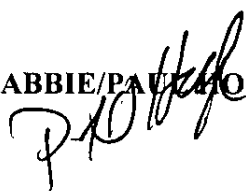
**COST: \$125**

**RETURN:**

---

**ACCOUNT: FCA0000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 DEC 29 PM 1:25

FILED

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Tempe RI Manager, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

9425 Harding Avenue  
Surfside, FL 33154

**Mailing Address:**

9425 Harding Avenue  
Surfside, FL 33154

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Richard Finvarb

Name

9425 Harding Avenue

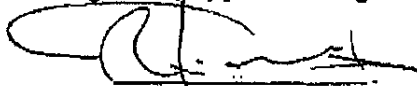
Florida street address (P.O. Box NOT acceptable)

Surfside

FL 33154

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..*



Richard Finvarb, Registered Agent

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED  
06 DEC 29 PM 1:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

[Redacted]

Richard Finvarb

9425 Harding Avenue

Surfside, FL 33154

MGR

[Redacted]

Ronald Finvarb

9425 Harding Avenue

Surfside, FL 33154

[Redacted]

[Redacted]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

FILED  
06 DEC 29 PM 1:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

Richard Finvarb

Typed or printed name of signer

**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)