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(Requestor's Name)			
(Ac	ddress)		
(Ad	ddress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			

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B. KOHR
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EXAMINER

SECRETARY OF STATE TO ACKNOWN ALLAHASSEE. FLORIDA TO ACKNOWN

DEFARTHENT OF STATE
ONVISION OF CORPORATIO

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Riverwalk.	Ny, ELC	THE LAND SEE FLORE IN 1:00
1.00		Art of Inc. File
		LTD Partnership File Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
•	į	Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
•		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
		Fictitious Owner Search
Signature	•	Vehicle Search
		Driving Record
Requested by:	/.	UCC 1 or 3 File
W L	1/28 11:00	UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

ARTICLE I - Name: The name of the Limited Liability Company is: RIVERWALK NY, LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: The mailing address and street address of the principal office of the Limited Liability Company is: The mailing address and street address of the principal office of the Limited Liability Company is: The name address and street address of the principal office of the Limited Liability Company is: The name and the Florida street address of the registered Agent's Signature's The name and the Florida street address of the registered agent are: O. FRANKUN WOLFS, JR Florida street address (P.O. Box NOT acceptable) PALM CITY FL 3499 City, State, and Zip Having been named as registered agent and to accept service of process for the above stated limited

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

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

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:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

5.00 Certificate of Status (Optional)