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(Requestor's Name)	
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(Business Entity Name)	
(Document Number)	_
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SECRETARY OF STATE
TAIL AHASSEE FLORIDA

D. BRUCE
MAY 0 6 2008
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: River Hills Property LLC (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:
Sharon L. Lucas. (Name of Person)
River Hills Property LLC AS &.
435 12th PL SE AND LA
Vero Beach, FL 32962.
For further information concerning this matter, please call:
Sharon L. Lucas at (772) 473-3889 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigset\$ \$130.00 Filing Fee \& Certificate of Status \$\bigset\$ Certificate of Status \$\bigset\$ (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier Address  Registration Section Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Comp	pany is:	
River Hills (Must end with the words "Lim	Property LLC ited Liability Company, "L.L.G." or "LLC.")	<u>-                                     </u>
ARTICLE II - Address: The mailing address and street address of		
Principal Office Address:	Mailing Address:	
Sharon L. Lucas Paul L. Lucas	435 12th PL SE Ven	SE. Vero Beach Fl 2 Beach Fl 3ag 62
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its obusiness entity with an active Florida registration.)	gistered Office, & Registered Agent own Registered Agent. You must designate an indi	ividual of another
The name and the Florida street address	of the registered agent are:	HAY AHAY
Sharon	L. Lucas.	SSEE. F
<u>435.124</u> Florida	street address (P.O. Box <u>NOT</u> acceptable)	PM I2: IL DF STATE E.FLORIDA
<u>Vero Bea</u>	ch FL 32962. y, State, and Zip	
Having have named as vegistared accept	and to account samiles of process for the	a 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 (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing N	ember
m. J.R.m	Paul L Lucas 435 12th PL SE Vevo Beach F1 32962
<u>merm</u>	Sharon L. Lucas 435 12th PL SE Vero Beach, FL 32962
m sr	Paul L. Lucas 435 12th PL SE Vero Beach, Fl 32962
_mer_	Sharon L. Lucas
	Vero Beach, FL 32962
(Use attachment if neces	Vero Beach, FL 32962
CLE V: Effective date, if of the first of the first of the days after the date of files.	ther than the date of filing: (OPTIONAL)  date must be specific and cannot be more than five business days p  ng.)
CLE V: Effective date, if of the frective date is listed, the	ther than the date of filing: (OPTIONAL)  date must be specific and cannot be more than five business days p  ng.)  RE:
CLE V: Effective date, if of the office of the control of the date of the date of file of the date of	ther than the date of filing: (OPTIONAL)  date must be specific and cannot be more than five business days p  ng.)
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CLE V: Effective date, if of effective date is listed, the 0 days after the date of file REQUIRED SIGNATU Signatur (In according to this conference of the c	ther than the date of filing:  date must be specific and cannot be more than five business days page.)  RE:  ASSECTIONAL  ASSECTIONAL

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

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