

LD9000110528

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000242836 3)))



H09000242836ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : EXPRESS CORPORATE FILING SERVICE INC
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09 NOV 17 AM 8:06
FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA/FOREIGN LIMITED LIABILITY CO. EFFECTIVE DATE
RIVER CITY ASSOCIATES, LLC. 01/01/2010

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED
09 NOV 17 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RIVER CITY ASSOCIATES, LLC.

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

5203 PELICAN BLVD
CAPE CORAL FL 33914

5203 PELICAN BLVD
CAPE CORAL FL 33914

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:

ROBERT F. BROWN

Name

5203 PELICAN BLVD

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

CAPE CORAL FL 33914 FL

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 NOV 17 AM 8:06

FILED

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)

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:

MGRM

ROBERT F. BROWN

5203 PELICAN BLVD

CAPE CORAL FL 33914

MGRM

ARTHUR MENGEL JR.

1214 SOUTH BUCKEYE LANE

GOSHEN, KENTUCKY 40026

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JANUARY 1ST 2010 (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:

Robert Brown

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.)

ROBERT F. BROWN

Typed or printed name of signer

FILED
09 NOV 17 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA