L11000055652

(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



500207296665

500207296665 05/10/11--01002--012 **130.00

2011 MAY 10 AM #4 01
SECRETARY OF STATE

T. CLINE
MAY 11 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: River North Properties, 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:	
Andrea Baldwin	
Name of Person	
Firm/Company	
803 W. Alfred St.	7. 2
Address	ECF TO
Tampa, FL 33603	TILED RAY 10 ME CRETARY OF S CAHASSEE, FL
City/State and Zip Code	SER O
andrea.baldwin@yahoo.com E-mail address: (to be used for future annual report notification)	Tr.
For further information concerning this matter, please call:	Y OF STATE A
Andrea Baldwin at (813) 777-6819	
Name of Person Area Code & Daytime Telephone Number	<u></u>
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	of Status &
Mailing Address Street/Courier Address	

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 Company is:

River North Properties,	LLC
(Must end with the words "I	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:	
803 W. Alfred St.	803 W. Alfred St.	
Tampa, FL	Tampa, FL	
33603	33603	
	ss of the registered agent are:	idual or another 7011 AY 1 SECRETAL AHAS
	Name	SEX O
803 W. Alfre	ed St.	
Florid	la street address (P.O. Box NOT acceptable)	ORA C
Tampa	_{FL} 33603	STATE LORIDA
	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..

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGR	Matt Baldwin 803 W. Alfred St. Tampa, FL 33603		
MGRM	Andy Baldwin 3388 Via Alicante La Jolla, CA 92037		
	La Jolia, O'A 52007		
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be sp to or 90 days after the date of filing.)		days prior	
REQUIRED SIGNATURE: Signature of a member or	r an authorized representative of a member.	-	1
constitutes an affirmation under the		Ö	

Andrea Baldwin

Typed or printed name of signee

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)