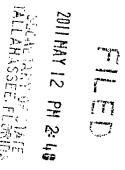
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Office Use Only

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: RIVERA BROTHERS TRANSPORT 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:	
JOSE I. RIVERA PAGAN	
Name of Person	
RIVERA BROTHERS TRANSPORT LLC	
Firm/Company 7581 NW 59TH WAY	
	أسحى
Address $\mathcal{O}_{\mathcal{C}}}}}}}}}}$	Trans.
PARKLAND FL 33067 목을 그곳	į
City/State and Zip Code	Ĺ,,,
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
VICTOR@DELERMECPA.COM at (678) 690-8456	
Name of Person Area Code & Daytime Telephone Number	
Enclosed-isia-check for the following amount:	
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 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)}	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLE I - Name: The name of the Limited Liability Con	mnany is:	
The hame of the Elimited Elability Co.	inpany is.	701
RIVERA BROTHERS T	RANSPORT LLC	ZOIL MAY II
(Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")	12
ARTICLE II - Address:		F 20
The mailing address and street address	s of the principal office of the Limited I	Liability Company is:
Duinning LOSS and Address	Mailing Adduses	
Principal Office Address:	Mailing Address:	
7504 NW 50TH WAY	7581 NW 59TH WAY	
7581 NW 59TH WAY	PARKLAND, FL 33067	
PARKLAND, FL 33067		
/ 38 I NVV 39 I H VVA 1		

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

JOSE I. RIVERA PAGAN Name 7581 NW 59TH WAY Florida street address (P.O. Box NOT acceptable) FL 33067 City, State, and Zip **PARKLAND**

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..

> Signature (REQUIRED) Registered (CONTINUED)

> > Page 1 of 2

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:	BII HAY I
MGRM	JOSE I. RIVERA PAGAN	%
	7581 NW 59TH WAY	- <u> </u>
	PARKLAND FL 33067	<u> </u>
		Sin S

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 4.1.2011 _____. (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 manager 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

JOSE I. RIVERA PAGAN

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)