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J. BRYAN
MAR 3 0 2012

EXAMINER

COVER LETTER

TO: Registration Division of C	Section Corporations				
SUBJECT: Rive	erdale Ventures, LLC	formaton			
	Name of Limite	d Liability Compar	ny		
	of Organization and fee(s) are s	, -			
riease return an corre	spondence concerning this matte	n to the following.			
Jeffrey	Bicksler				
		Name of Person			
Riverda	ile Ventures, LLC				
		Firm/Company		7011 TA	
1104 Village Crossing Drive					
		Address		29 T	
Chapel	Hill, NC, 27517			29 M N: 50 RARY OF STATE	
	-	/State and Zip Code		ST. S	
jeffbick	sler@gmail.com E-mail address: (to be used for	or future annual repor	t notification)	5m 0	
	n concerning this matter, please		· notinication,		
1 o 66 o o o o F	Nalada a	40.4	500 40	00	
Jeffrey E		at (404)	520-18		
Nam	ne of Person	Area Code	& Daytime Telep	onone Number	
Enclosed is a check	for the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy is enclosed) Certified Copy is enclosed)		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bu	f Corporations		

Tallahassee, FL 32301

ARTICLE 1 - Name: The name of the Limited Liability Co	mpany is:	
Riverdale Ventures,	LLC	
(Must end with the words "I	.imited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited L	iability Company is:
Principal Office Address:	Mailing Address:	
156 Palo de Oro Drive Islamorada, FL, 33036	1104 Village Crossing Drive Chapel Hill, NC, 27517	
(The Limited Liability Company cannot serve as	Registered Office, & Registered Agent	s Signature
business entity with an active Florida registration		55.7
The name and the Florida street address		SSEERE
,	ess of the registered agent are: Bicksler	SSEE, FLOW
The name and the Florida street addre	ess of the registered agent are:	SE STATE OF
The name and the Florida street address Robert C.	ess of the registered agent are: Bicksler	SSEE, FLORIDA SSEE, FLORIDA
The name and the Florida street address Robert C. 156 Palo	ess of the registered agent are: Bicksler Name	SSEE, FLORIDA SSEE, FLORIDA

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

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGRM	Jeffrey Bicksler	
	1104 Village Crossing Drive	
	Chapel Hill, NC, 27517	
		
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(Use attachment if necessary)		P
(Cae attachment it necessary)		

ARTICLE V: Effective date, if other than the date of filing: Monday, March 26, 2012 (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 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. 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.)

Jeffrey M. Bicksler

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)