L12000060443

(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:
epastal mediations to / ming officer

Office Use Only



700234323407

05/02/12--01033--020 **160.00

12 MAY -2 AM II: OO SECRETARY OF STATE ALL ANAMERIC TO SECRETARY

C. LEWIS

MAY -4 2012

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		Arthur 1
: ""	ECT: Riviera Maya Montego	· · ·	
SUBJI		ted Liability Company	
The en	closed Articles of Organization and fee(s) are	submitted for filing.	
Please	return all correspondence concerning this mat	ter to the following:	
	Fernando Cortez		
		Name of Person	
1	Riviera Maya Montego LL	.C	
•		Firm/Company	
	11882 Atlin Drive		
	ş' ·	Address	
ı	Orlando Florica 33837		
		ty/State and Zip Code	 .
	mayariviera42@yahoo.com		
	• • •	for future annual report notification)	
For fur	ther information concerning this matter, pleas	e call:	
Fern	ando Cortez	at (407) 274-5476 Area Code & Daytime Telep	
	Name of Person	Area Code & Daytime Telep	hone Number
Enclos	sed is a check for the following amount:		
_	Filing Fee \$\sum \$130.00 \text{ Filing Fee & Certificate of Status}	\$155.00 Filing Fee & Certified Copy]\$160.00 Filing Fee, Certificate of Status &
•		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci	rcle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

(N	fust end with the words "Lim	nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A The mailing addre	_	of the principal office of the Limited Liability Company	is:
Principal Office	Address:	Mailing Address:	
11882 Atlin Drive	_	11882 Atlin Drive	
Orlando Florida 3	2837	Orlando Florida 32837	
The name and the	Fernando Corte	s of the registered agent are: Z Name Name Name	FILEU
	11882 Atlin I	Drive SE S	
***		street address (P.O. Box NOT acceptable)	
***	Florida	<u> </u>	

(CONTINUED)

Page 1 of 2

FILED

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

The name and address of each Manager or Managing Member is as follows: 12 MAY -2 AH II: 00

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETARY OF STA TALLAHASSEE, FLOI
"MGRM"	Alma Cortez	
	11882 Atlin Drive	
	Orlando Florida 32837	
(Use attachment if necessary) CLE V: Effective date, if other than the		. (OPTIONAL)
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.)		
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.)		
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) REQUIRED SIGNATURE:		than five business days prio
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) REQUIRED SIGNATURE: (In accordance with section of constitutes an affirmation unlimited am aware that any false information constitutes any false information unlimited am aware that any false information constitutes are affirmation unlimited.	the specific and cannot be more to ther or an authorized representative of 508.408(3), Florida Statutes, the execution of the penalties of perjury that the facts formation submitted in a document to the ony as provided for in s.817.155, F.S.)	of a member. on of this document s stated herein are true.
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) REQUIRED SIGNATURE: (In accordance with section of constitutes an affirmation under that any false information described in the constitutes at third degree fellows.)	the specific and cannot be more to the specific and contains a specific and cannot be more to the specific and contains a specific and cannot be more to the specific and cannot be more to specific and	of a member. on of this document s stated herein are true.
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) REQUIRED SIGNATURE: (In accordance with section of constitutes an affirmation under that any false information described in the constitutes at third degree fellows.)	the specific and cannot be more to ther or an authorized representative of 508.408(3), Florida Statutes, the execution of the penalties of perjury that the facts formation submitted in a document to the ony as provided for in s.817.155, F.S.)	of a member. on of this document s stated herein are true.
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) REQUIRED SIGNATURE: (In accordance with section of constitutes an affirmation under that any false information described in the constitutes at third degree fellows.)	the specific and cannot be more to the specific and contains a specific and cannot be more to the specific and contains a specific and cannot be more to the specific and cannot be more to specific and	of a member. on of this document s stated herein are true.
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) REQUIRED SIGNATURE: (In accordance with section of constitutes an affirmation under lam aware that any false inficonstitutes a third degree fellows.)	the specific and cannot be more to the specific and cannot be more to the specific and cannot be more to the specific and statutes, the execution submitted in a document to the specific as provided for in s.817.155, F.S.) Alma Cortez Typed or printed name of signee	of a member. on of this document s stated herein are true.

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)