

L12000092421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

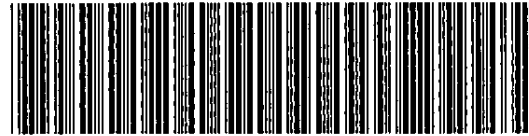
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JUL 17 2012

EXAMINER



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07/16/12--01004--003 **160.00

FILED
12 JUL 16 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ALLEN LAW, P.A.

Karla Carnes Allen, Esq.
kcallen@allenlawpa.com

Joseph T. McCormick III, Esq.
jtmccormick@allenlawpa.com

July 12, 2012

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Articles of Organization of Rivers Edge Enterprises, LLC.

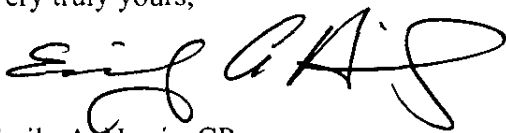
Dear Division of Corporations:

Enclosed please find the following documents:

1. Articles of Organization for Rivers Edge Enterprises, LLC
2. Check in the amount of \$160.00 for the filing fees;
3. One self-addressed, stamped envelope.

If you require anything additional, please do not hesitate to contact this office.

Very truly yours,



Emily A. Harris, CP
Certified Paralegal

Encl: as stated above.

**ARTICLES OF ORGANIZATION
OF
RIVERS EDGE ENTERPRISES, LLC**

ARTICLE I - NAME

The name of the limited liability company is Rivers Edge Enterprises, LLC, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:

11940 Bullfrog Creek Road
Gibsonton, FL 33534

Mailing Address:

P.O. Box 2205
Riverview, FL 33568

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Joseph T. McCormick III
10019 Park Place Ave.
Riverview, Florida 33578

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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..



Joseph T. McCormick III

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:

MGMR

Robert M. Cremeans II
11940 Bullfrog Creek Road
Gibsonton, FL 33534

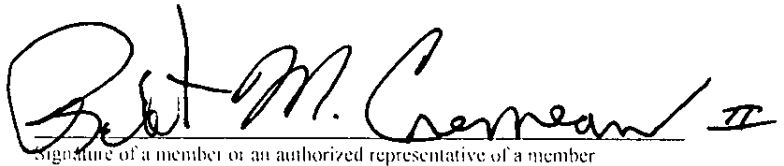
MGMR

Ronald M. Cremeans
13208 Parkhurst Court
Riverview, FL 33569

MGMR

Randall M. Cremeans
11956 Bullfrog Creek Road
Gibsonton, FL 33534

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.)

Robert M. Cremeans II
Typed or printed name of signee