

# L 13000086137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

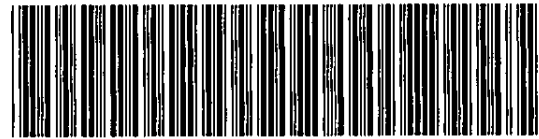
(Business Entity Name)

(Document Number)

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RECEIVED  
DEPARTMENT OF STATE  
13 JUN 13 PM 3:43

FILED  
13 JUN 13 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

JUN 14 2013

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-23**

**CONTACT:**      KATIE WONSCH

**DATE:**            06/13/2013

**REF. #:**           7748398.8801516

**CORP. NAME:**   RI 29/30, L.L.C.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK# 70003679 FOR \$ 155.00**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**ARTICLES OF ORGANIZATION**  
**OF**  
**RI 29/31, L.L.C.**

FILED  
13 JUN 13 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, as the authorized representative of the initial member of RI 29/31, L.L.C., a Florida limited liability company formed hereunder (the "Company"), on behalf of the members of the Company, hereby forms a limited liability company under the laws of the State of Florida.

**ARTICLE I**  
**COMPANY NAME**

The name of the company is RI 29/31, L.L.C.

**ARTICLE II**  
**COMMENCEMENT AND TERM OF EXISTENCE**

In accordance with Section 608.409(1) of the Florida Limited Liability Company Act (the "Act"), the term of existence of the Company shall commence upon the filing of these executed Articles of Organization with the Florida Department of State, and shall continue perpetually, unless otherwise dissolved pursuant to the Operating Agreement (or Limited Liability Company Agreement) of the Company.

**ARTICLE III**  
**MAILING ADDRESS AND STREET ADDRESS OF COMPANY**

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

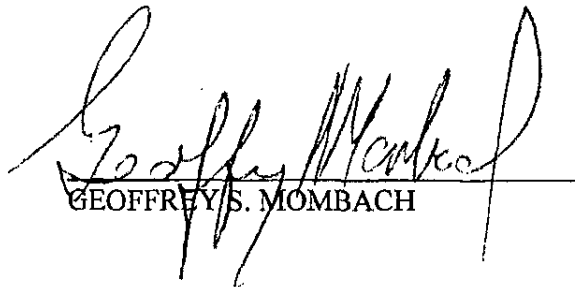
RI 29/31, L.L.C.  
5801 Congress Avenue  
Boca Raton, Florida 33487  
email: Juanita@brooksiderealty.com

ARTICLE IV  
REGISTERED AGENT AND REGISTERED AGENT ADDRESS

The registered agent and the street address of the registered agent of this Company in the State of Florida shall be:


Geoffrey S. Mombach, Esq.  
Mombach, Boyle & Hardin, P.A.  
500 East Broward Boulevard  
Suite 1950  
Fort Lauderdale, Florida 33394

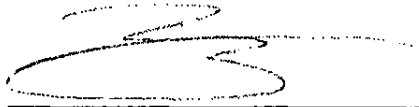
IN WITNESS WHEREOF, the undersigned being the authorized representative of the initial member of the limited liability company hereby executes these Articles of Organization, this 12<sup>th</sup> day of June, 2013.

  
\_\_\_\_\_  
GEOFFREY S. MOMBACH

STATE OF FLORIDA )  
COUNTY OF BROWARD )

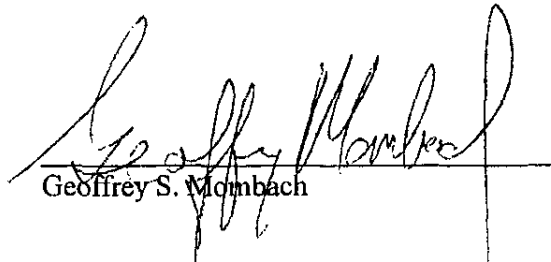
The foregoing instrument was acknowledged before me this 12 day of June, 2013, by GEOFFREY S. MOMBACH, who ☒ is personally known to me or who ☐ has produced a Florida driver's license as identification.

NOTARY PUBLIC-STATE OF FLORIDA  
 Belinda R. Giliberti  
Commission #DD917021  
Expires: SEP. 17, 2013  
BONDED THRU ATLANTIC BONDING CO., INC.

  
Notary Public - State of Florida  
My Commission Expires: Sept. 17, 2013  
Commission Number: DD917021

Having been named as registered agent and to accept service of process for the above 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.

DATED this 12<sup>th</sup> day of June, 2013.

  
Geoffrey S. Mombach

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