

L13000108276

(Requestor's Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RIVALDO INVESTMENTS STUART, 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:

ARTHUR RIVALDO

Name of Person

RIVALDO + SONS ENTERPRISES INCORPORATED.

Firm/Company

10802 S.E. ARIENS TERRACE

Address

TEQUESTA, FLORIDA. 33469

City/State and Zip Code

USARTHURBAS@YAHOO.COM.

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARTHUR RIVALDO

Name of Person

at 72 361.5160.

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional 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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 15, 2013

ARTHUR RIVALDO
10802 S.E. ARIELLE TERRACCE
TEQUESTA, FL 33469

SUBJECT: RIVALDO INVESTMENTS STUART, LLC
Ref. Number: W13000039712

We have received your document for RIVALDO INVESTMENTS STUART, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 713A00017174

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RIVALDO INVESTMENTS STUART, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

10802 S.E. Arielle Terrace
TEQUESTA, FL 33469

Mailing Address:

10802 S.E. Arielle Terrace
Tequesta, FL 33469

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Arthur Rivaldo
Name

10802 S.E. Arielle Terrace
Florida street address (P.O. Box **NOT** acceptable)

Tequesta FL 33469
City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, 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..

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

MGRM

Name and Address:

ARTHUR RIVALDO
10802 S.E. ARIELLE TERRACE
TEQUESTA, FL. 33469

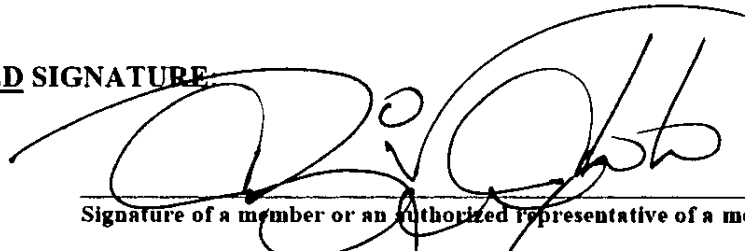
MELANIE RIVALDO
10802 S.E. ARIELLE TERRACE
TEQUESTA, FL 33469

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

ARTHUR RIVALDO

Typed or printed name of signee

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2013 JUL 31 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)