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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TO: Registration Section Division of Corporations		
SUBJECT: Riverwalk Condo No 2, LLC Name of Lin	nited Liability Company	
The enclosed Articles of Organization and fee(s) ar	re submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Brian Hill	Name of Person	
Silvestri Investments, Inc.	Firm/Company	
1015 Q	. iiiii eeiiipuiiy	
1215 Gessner Drive	Address	
Houston, Texas 77055	ity/State and Zip Code	
ipheigaru@silvestriusa.com E-mail address: (to be used	d for future annual report notifica	ition)
For further information concerning this matter, plea	ase call:	
Brian Hill at ( 7	713 ) 785-6272 Area Code Daytime Tel	lephone 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	Street/Courier Adda Registration Section Division of Corporat	

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Riverwalk Condo No 2, LLC (Must end with the words "Limite	ed Liability Company, "L.L.C.," or "LLC	2.")	
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company	' is:	
Principal Office Address:	Mailing Address:		
1215 Gessner Drive Houston, Texas 77055	1215 Gessner Drive Houston, Texas 77055		
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow another business entity with an active Florida registrat	vn Registered Agent. You must designate	; an individual or	
The name and the Florida street address of the register	red agent are:		
Rob Camporese	me		
5300 South Atlantic Avenue Florida street address (P.O. B	9		
New Smyrna Beach	FL 32169		
City	Zip		
Having been named as registered agent and to accept the place designated in this certificate, I hereby acc capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the	ept the appointment as registered agent a ns of all statutes relating to the proper and	nd agree to act in this d complete performance	
Registered Agent's Sig	nature (REQUIRED)	14 OCT SEGRET	ĵ.
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