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14 OCT | 7 AM | 1:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA

J. Shivers OCT 2 1 2014

## **COVER LETTER**

TO:	Registration Division of C			
SUBJE	CCT: <u>Riverwa</u>	alk Land, LLC Name of Lin	nited Liability Company	
The en	closed Articles	of Organization and fee(s) as	re submitted for filing.	
Please	return all corres	spondence concerning this m	atter to the following:	
	<u>Brian Hill</u>		Name of Person	
	Silvestri I	nvestments, Inc.		
	Onvocari	nvestigerite, me.	Firm/Company	
	<u>1215 Ge</u>	ssner Drive	Address	
	Houston.	Texas 77055	N. /C	
<u>ai</u>	heigaru@silve		City/State and Zip Code d for future annual report notification	ation)
		n concerning this matter, plea		
Brian	Hill Nam	at (_	713 ) 785-6272  Area Code Daytime Te	lephone Number
Enclose	ed is a check fo	r the following amount:	·	
_	0 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)
	Regi	ling Address stration Section sion of Corporations	Street/Courier Add Registration Section Division of Corpora	

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

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Riverwalk Land, LLC	to day to the Common of the Co	W1C"
(Must end with the words "Limi	ited Liability Company, "L.L.C.," or	"LLC. )
ARTICLE II - Address: The mailing address and street address of the principa	al office of the Limited Liability Com	npany is:
Principal Office Address:	Mailing Address:	
1215 Gessner Drive Houston, Texas 77055	1215 Gessner Drive Houston, Texas 77055	
(The Limited Liability Company cannot serve as its o another business entity with an active Florida registra  The name and the Florida street address of the registe  Rob Camporese	ered agent are:	gnate an individual or
Na	ame	
5300 South Atlantic Avenu Florida street address (P.O.		
New Smyrna Beach	FL 32169	
City	Zip	
Having been named as registered agent and to accept he place designated in this certificate, I hereby accapacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the	ecept the appointment as registered agons of all statutes relating to the prope	gent and agree to act in this er and complete performance
Registered Agent's Si	gnature (REQUIRED)	14 OCT SECRETALITA
(CONTI	NUED)	TO ANY OF THE PARTY OF THE PART
Page I	l of 2	THE STATE OF THE S

<u> Fitle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR	Dan Silvestri
	1215 Gessner Drive
	Houston, Texas 77055
	·_ · · · · · · · · · · · · · · · · · ·
	·
ctive date is listed, the date must	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 o
EV: Effective date, if other than the ctive date is listed, the date must filling.) EVI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 (
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E V: Effective date, if other than the ctive date is listed, the date must filling.) E VI: Other provisions, if any.  REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 90 of the specific and cannot be more than five business days prior to or 90 of the specific and cannot be more than five business days prior to or 90 of the specific and cannot be more than five business days prior to or 90 of the specific and cannot be more than five business days prior to or 90 of the specific and cannot be more than five business days prior to or 90 of the specific and cannot be more than five business days prior to or 90 of the specific and cannot be more than five business days prior to or 90 of the specific and cannot be more than five business days prior to or 90 of the specific and cannot be more than five business days prior to or 90 of the specific and cannot be more than five business days prior to or 90 of the specific and cannot be specific a
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EV: Effective date, if other than the ctive date is listed, the date must filling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with sect constitutes an affirmation I am aware that any false)	Ta member or an authorized representative of a member of this document in under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State.
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EV: Effective date, if other than the ctive date is listed, the date must filling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with sect constitutes an affirmation I am aware that any false)	Lam Wella  Jamember or an authorized representative of a member.  Join 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State of felony as provided for in s.817.155, F.S.)
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