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(Re	equestor's Name)	
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J. Shires OCT 2 1 2014

COVER LETTER

Division of Corporations	
•	
SUBJECT: Riverwalk Condo No 7, LLC	
Name of Lim	ited Liability Company
The enclosed Articles of Organization and fee(s) are	e submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
•	
Brian Hill	
	Name of Person
Silvestri Investments, Inc.	Ei/Command
,	Firm/Company
1945 Cooperat Drive	
1215 Gessner Drive	Address
Houston, Texas 77055	
Ci	ty/State and Zip Code
ipheigaru@silvestriusa.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, plea	se call:
	13) 785-6272
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$	☐\$155.00 Filing Fee & ☐\$160.00 Filing Fee, Certified Copy ☐ Certificate of Status &
Communic of Simus	(additional copy is enclosed) Certified Copy
	(additional copy is enclosed)
	,
<u>Mailing Address</u> Registration Section	Street/Courier Address Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	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:				
The hame of the Elimed Elability Company is.				
Riverwalk Condo No 7, LLC				
(Must end with the words "Limite	d 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:	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 own another business entity with an active Florida registration	n Registered Agent. You must designate	an individ	lual or	
The name and the Florida street address of the registere	ed agent are:			
Rob Camporese				
Nam	le .			
5300 South Atlantic Avenue Florida street address (P.O. Bo				
New Smyrna Beach	FL 32169			
City	Zip			
Having been named as registered agent and to accept s the place designated in this certificate, I hereby acce capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the o Cha	ept the appointment as registered agent ar s of all statutes relating to the proper and	nd agree to I complete	act in perfori	this mance
		TALL Sët	14	
Registered Agent's Sign	nature (REQUIRED)		OCT	
(CONTIN	UED)	SSE	17	ligarita Parrita Liberta
Page 1 of	r2	OF SIA	PM 12: (

`itle:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR	Dan Silvestri
	1215 Gessner Drive
	Houston, Texas 77055
<u></u>	
V: Effective date, if other than the date	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90
V: Effective date, if other than the date tive date is listed, the date must be s filing.)	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90
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