Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H150000816113)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242

: (215)563-8113

Fax Number

: (215)977-9386

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:				

FLORIDA LIMITED LIABILITY CO. River Rock III, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu



M BURR KEIM CO (((H150000816113)))

ARTICLESOF ORGANIZATION	REPLORIDA LIMITED LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liability Company is:		
River Rock III. LLC	ted Liability Company, "L.L.C.," or "LLC.")	
(Must end with the words Chillit	isa Liability Company, L.L.C., of LLC.	
ARTICLE II - Address: The mailing address and street address of the principal	l office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
445 El Mar Drive, Unit 304 Lauderdale by the Sea, FL 33308	445 Ei Mar Drive, Unit 304 Lauderdale by the Sea, FL 33308	
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow another business entity with an active Florida registrat. The name and the Florida street address of the registered Kevin Ruddy	vn Registered Agent. You must designate an individual tion.) ed agent are:	45 APR -2
Nan	ne rota rota rota rota rota rota rota rota	2 (7
445 El Mar Drive, Unit 304 Florida street address (P.O. Br	ox NOT acceptable)	- P
Lauderdale by the Sea	FL 33308	ಹ
City	Zîp	
the place designated in this certificate, I hereby according to capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the co	service of process for the above stated limited liability co ept the appointment as registered agent and agree to act as of all statutes relating to the proper and complete perf obligations of my position as registered agent as provide awter 605, F.S.	t in this formance

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

Ruddy I Mar Drive, Un erdale by the Se		08	SLC	- - -
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. / Ogn	yes	niber.		
2	n. Olivianized representa	a. Comments of a mention of a m	a Clause of a member.	(OPTIONAL) be more than five business days prior to or 9

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

John Hanamirian, Organizer
Typed or printed name of signee

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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