Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

_ <u>':"</u> Fax Numbe

Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842

Fax Number : (850)878-5368

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 Participation LLC

Certificate of Status	0
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SECRETARY OF STATE.
TALLAHASSEF, FIGHE.

Electronic Filing Menu

Corporate Filing Menu

Help

	CK	OVER LETTER			
	ration Section n of Corporations				
SUBJECT: R	IVER PARTICIPATION LLC. Name of L	Initied Liability Company			
The enclosed Ar	ticles of Organization and fee(s)	are submitted for filing.			2-2 fee - 9 pet 9 *
Please return all	correspondence concerning this a	natter to the following:			
		Paulo Miranda Name of Person			
		Corporate Services, Inc. Firm/Company			
	_1001 B	dckeil Bay Orive Suite 2406 Address			
		erni, Florida 33131 City/State and Zip Code			
	[[via.vigir E-mail address: (to be use	e@pamcorporate.com ed for future annual report notific	ation)		
For further infor	nation concerning this matter, pie	rase call:			, pri
Livia Vietra	Nume of Person	305) 458-3752 Area Code Daytime Te	dephone Number		40.67
Enclosed is a che	ck for the following amount:			7	
☐ \$125.00 Filing P	ce	☑\$155.00 Fling Fee & Certified Capy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	15 JUL 28 SECRETARY ALLAHASSE	TE
	Mailing Atturess Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Add Registration Section Division of Corpora Cliffon Building 2661 Executive Cen Tallahassee, Pt. 323	tions ter Clycle	B PMI2: 10 Y DF STATE EE. FLORIDA	

ARTICLE (- Name: The name of the Limited Liability Company is:	
RIVER PARTICIPATION LLC	mited Liability Company, "L.L.C.," or "Ll.C.")
(MARSE AND AND THE MOLDS PR	miled installity Company, "initial," of Little)
ARTICLE II - Address: The mailing address and street address of the princi	pal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
c/o Paulo Miranda 1001 Brickell Bay Driva, Skile 2408 Miami, FL 33131	Same as principal
mother business entity with an active Florida regist. The nume and the Flurida street address of the regist	own Registered Agent. You must designate an individual or ration.) Gred agent are:
	rykes inc.
•	(Width
1200 South Pine	
iflorida street address (P.O.	Bax NOT acceptable)
Plantation	PL 33324
Cily	Zip
the place designated in this certificate, I hereby a capacity. I further agree to comply with the provisi of my duties, and I am familiar with and accept the	of service of process for the above stated limited flability company of ccept the appointment as rejistered agent and agree to act in this loss of all statutes relating to the proper and complete performance a obligations of my position as registered agent as provided for in the proper 605, F.S. Angel Nunez Enature (REQUASSISTANT Secretary

(CONTINUED)

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7/28/2015 2:45:18 PM From: To: 8506176381(4/4)

Tille	Namo and Address:		
"AMBR" = Authorized Member "MCR" = Manager			
Meticion	Paulo Fincohi		
	1001 Brickett Bay Orive, Suite 2405 Mami, Fl. 35181		
Member	The listy Trust		
	1001 Brickell Bay Drive, Suite 2408 Memi, FJ. 33131		
	Middle Cr 35/31		
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