

L15000171349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

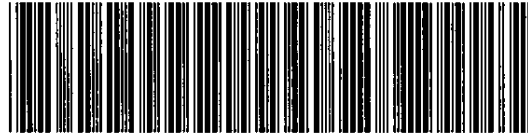
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CLERK OF STATE
TALLAHASSEE, FLORIDA

g 10/8/15

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Riverwood Two LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leslie A Black

Name of Person

Riverwood Two LLC

Firm/Company

3735 S. Golden Court

Address

Denver, CO 80235

City/State and Zip Code

Riverwoodhses@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joe Black

303

906-4110

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee,
Certificate of Status Certified Copy Certificate of Status &

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 10/30/15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Riverwood Two LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3735 S. Golden Court
Denver, CO 80235

Mailing Address:

3735 S. Golden Court
Denver, CO 80235

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Theodore V. McDermott, Jr.

Name

14435 Silver Lakes Circle

Florida street address (P.O. Box **NOT** acceptable)

Port Charlotte

FL

33953

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Theodore V. McDermott Jr.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Leslie Black

3735 S. Golden Court

Denver, CO 80235

AMBR

Joseph Black

3735 S. Golden Court

Denver, CO 80235

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:

10/30/2015 (OPTIONAL)

(If an effective date is listed, the date must be specific
cannot be more than five business days prior to or 90
the date of filing.)

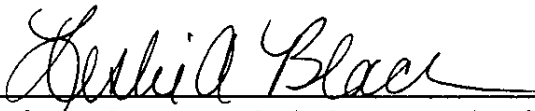
and
days after

Note: If the date inserted in this block does not meet the
statutory filing requirements, this date will not be listed as
document's effective date on the Department of State's records.

applicable
the

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

Leslie A. Black

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE
STATE
FLORIDA