L/WXXX 56/54

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	; #)
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MAR 2 2018

S. GILBERT

COVER LETTER

Registration Section

TO:

, Di	ivision of Corporations		
	Rich River Properties LLC		
SUBJECT		Limited Liabilit	y Company
The enclose	ed Articles of Organization and fee(s)) are submitted f	or filing.
Please retur	rn all correspondence concerning this	matter to the fo	llowing:
	Michael R. Rivera		
		Name of F	Person
	Rich River Properties LLC		
		Firm/Con	npany
	12203 Magnolia Blvd, #212		
	<u> </u>	Addre	ss
	N. Hollywood, CA 91607		
,	mrivera96@gmail.com	City/State and	Zip Code
•	E-mail address: (to be u	sed for future an	nual report notification)
For further in	nformation concerning this matter, ple	ease call:	
	Michael R. Rivera	310	994-1229
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount:		
\$125 .00 Fi	ling Fee \$\frac{1}{\sqrt{130.00 Filing Fee & Certificate of Status}}	LCertified	shiling Fee & Status & Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	N II C 2	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	tu Company io		•	
The name of the Limited Liabili	ty Company is:		40 000	*#* ##*
Rich River Propertie	o II C		16 MAR	4 PM12:17
		Liability Compan	y, "L.L.C.," or "LLC.")	
· ·			A [兼社] 。	Stanfacture Stanfacture
ARTICLE II - Address: The mailing address and street a	ddessa of the meineinel o	ffice of the Limite		
The maining address and screet a	duress of the principal o	ince of the Limite	a Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Address:	
221 Sonoma Valley	Circle	123	203 Magnolia Blvd, #212	
Orlando, FL 32835			Hollywood, CA 91607	
The name and the Florida street	address of the registered Michael R. Rivera	l agent are:		
	Wilchael R. Rivera	Name		
	201.0	or 1		
	221 Sonoma Valley Florida street addres		nagontobla)	
	Florida street addres	10H x0d .0.1) 8	acceptable)	
	Orlando	FL	32835	
	City	State	Zip	
place designated in this certificate further agree to comply with the pi	, I hereby accept the app rovisions of all statutes r bligations of my position	ointment as registe elating to line prope as registered agen	ne above stated limited liability comered agent and agree to act in this correct and complete performance of my tas provided for in Chapter 605, F.	apacity. I duties, and I
		(CONTINUED) Page 1 of 2		
		•		

Title: "AMBR" = An	thorized Member	Name and Address:
"MGR" = Man		
AMBR		Michael R. Rivera
		221 Sonoma Valley Circle
		Orlando, FL 32835
AMBR		Susan C. Hendrich
		12203 Magnolia Blvd, #212
		N. Hollywood, CA 91607
<u> </u>		***************************************
(Use attachmen	• •	of filing: (OPTIONAL)
CLE V: Effective effective date is lise of filing.) If the date inserte	date, if other than the date of ted, the date must be spected in this block does not me	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 day eet the applicable statutory filing requirements, this date will not be
CLE V: Effective effective date is list e of filing.) If the date insertection	date, if other than the date of sted, the date must be spected in this block does not me date on the Department of	cific and cannot be more than five business days prior to or 90 day ect the applicable statutory filing requirements, this date will not be
CLE V: Effective effective date is liste of filing.) If the date inserte	date, if other than the date of sted, the date must be spected in this block does not me date on the Department of	cific and cannot be more than five business days prior to or 90 day ect the applicable statutory filing requirements, this date will not be
CLE V: Effective effective date is list e of filing.) If the date insertection	date, if other than the date of sted, the date must be spected in this block does not me date on the Department of visions, if any.	cific and cannot be more than five business days prior to or 90 day ect the applicable statutory filing requirements, this date will not be

Page 2 of 2

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)