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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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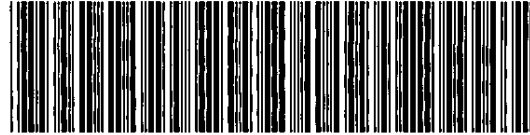
(Business Entity Name)

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16 JUL -5 AM 9:03  
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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Riverview Mediation and Coordination Center, 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:

Karla Marie Carolan, Esq.

Name of Person

All Life Legal, P.A.

Firm/Company

10017 Park Place Avenue

Address

Riverview, FL 33578

City/State and Zip Code

kmcarolan@riverviewmediation.com

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

For further information concerning this matter, please call:

Karla Marie Carolan, Esq.

813

671-4300

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 &  
Certificate of Status

☐

\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐

\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

New Filing Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

**Street Address**

New Filing Section

Division of Corporations

Clifton Building

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:

Riverview Mediation and Coordination Center, LLC

(Must end with the words "Limited 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:**

10017 Park Place Avenue  
Riverview, FL 33578

**Mailing Address:**

10017 Park Place Avenue  
Riverview, FL 33578

**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:

Karla Marie Carolan, Esq.

Name

10017 Park Place Avenue

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

Riverview

FL

33578

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.*

Karla Marie Carolan

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR/AMBR

**Name and Address:**

Karla Marie Carolan, Esq.

10017 Park Place Avenue

Riverview, FL 33578

AMBR

Anastasia Geramanis

10017 Park Place Avenue

Riverview, FL 33578

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

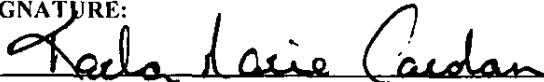
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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

**ARTICLE VI:** Other provisions, if any.

A Member's interest is not transferrable to another person or entity without the express written consent of all Members.

**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.

Karla Marie Carolan, Esq.

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)**