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## COVER LETTER

	Registration Section Division of Corporations		
SUB IE	Rivas Design & Development,	LLC.	
SUDJEC	Name	of Limited Liab	bility Company
The encl	osed Articles of Organization and fe	c(s) are submitt	ed for filing.
Please re	turn all correspondence concerning	his matter to th	e following:
	Stefan Rivas		
		Name	of Person
		T2' (	0
	1516 Baltimore Drive	FIRMA	Company
		Ad	ldress
	Orlando, FL 32810		
	stefan.rivas.dev@gmail.com	City/State	and Zip Code
	E-mail address; (to b	e used for futur	e annual report notification)
For further	r information concerning this matter.	please call:	
	Stefan Rivas	407 at (	429-8497
	Name of Person	Area Code	
Enclosed	l is a check for the following amount	:	
\$125.00	Filing Fee \$130.00 Filing Fe Certificate of State	us LCert	5.00 Filing Fee & \$160.00 Filing Fee, iffied Copy 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 IT ORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:  Rivas Design & Development, LLC.	
(Must end with the words "Limited Liab	ility 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:  Mailing Address:
Principal Office Address:	THE PARTY OF THE P
Principal Office Address:  1516 Baltimore Drive	1516 Baltimore Drive
· · · · · · · · · · · · · · · · · · ·	

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

Stefan Rivas		
	Name	
1516 Baltimore Dr	ive	
Florida street addre	ess (P.O. Box <u>NOT</u> ac	cceptable)
Orlando	FL	32810
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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page Lof 2

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<u>litie:</u> AMBR" = Authorized Meml	Name and Address: or
MGR" = Manager	
MGR	Stefan Rivas
· ·	1516 Baltimore Drive
	Orlando, FL 32810
	<u> </u>
	**************************************
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