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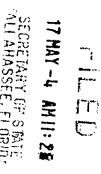
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	VICTOR RIVERA ASSOCIATES, LLC
SOBJE	Name of Limited Liability Company
The end	losed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	VICTOR RIVERA
	Name of Person
	VICTOR RIVERA ASSOCIATES, LLC
	Firm/Company
	514 POINSETTIA LN
	Address
	KISSIMMEE FL 34744
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	VICTOR RIVERA 407, 729 - 9581
	Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
\$125.00	Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status} \text{\$\text{\$155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\text{\$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 Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

	RA ASSOCIATES, LLC end with the words "Limited	1 Liability Company	"L.L.C." or "LLC.")		
ARTICLE II - Address:	eet address of the principal o				
<u>Pr</u> i	ncipal Office Address:		Mailing Address:		
514 POINSETT	IA LN	514 1	POINSETTIA LN		
KISSIMMEE F	L 34744	KISS	SIMMEE FL 34744		
(The Limited Liability Com	I Agent, Registered Office, pany cannot serve as its own h an active Florida registration	Registered Agent, `	nt's Signature: You must designate an individ	iual or	
(The Limited Liability Com another business entity with	pany cannot serve as its own	n Registered Agent. \ on.) d agent are:		17 'ALL	w.
(The Limited Liability Com another business entity wit	pany cannot serve as its own than active Florida registration treet address of the registered	n Registered Agent, 'on.)		17 'ALL	No.
(The Limited Liability Com another business entity wit	pany cannot serve as its own than active Florida registration treet address of the registered	n Registered Agent. \ on.) d agent are: Name		17 HAY -4 SECRE FARY ALLAHASSE	
(The Limited Liability Com another business entity with	pany cannot serve as its own than active Florida registration treet address of the registered VICTOR RIVERA	n Registered Agent, von.) d agent are: Name	You must designate an individ	17 HAY -4 SECRE FARY I ALLAHASSEE	
(The Limited Liability Com another business entity with	pany cannot serve as its own than active Florida registration treet address of the registered VICTOR RIVERA 514 POINSETTIA L	n Registered Agent, von.) d agent are: Name	You must designate an individ	17 MAY -4 AM SECRE MAY OF ALLAHASSEE, FI	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page I of 2

<u> Citle:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	VICTOR RIVERA
	514 POINSETTIA LN
	KISSIMMEE FL 34744
MGR	VICTOR RIVERA
	514 POINSETTIA LN
	KISSIMMEE FL 34744
V: Effective date, if other than the	ne date of filing: 04-27-2017 (OPTIONAL) be specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Depart	be specific and cannot be more than five business days prior to or 90 s not meet the applicable statutory filing requirements, this date will not
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ctive date is listed, the date must f filing.)	be specific and cannot be more than five business days prior to or 90 s not meet the applicable statutory filing requirements, this date will not
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EV: Effective date, if other than the ctive date is listed, the date must filling.) The date inserted in this block does nent's effective date on the Depart EVI: Other provisions, if any. Signature of This document is 1 am aware that an	s not meet the applicable statutory filing requirements, this date will not timent of State's records. If a member of an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. by false information submitted in a document to the Department of State
EV: Effective date, if other than the ctive date is listed, the date must filling.) The date inserted in this block does nent's effective date on the Depart EVI: Other provisions, if any. Signature of This document is 1 am aware that an	s not meet the applicable statutory filing requirements, this date will not tment of State's records. The amember of an authorized representative of a member. executed in actordance with section 605.0203 (1) (b), Florida Statutes.
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CV: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Depart EVI: Other provisions, if any. Signature of This document is I am aware that an constitutes a third	s not meet the applicable statutory filing requirements, this date will not timent of State's records. If a member of an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.

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