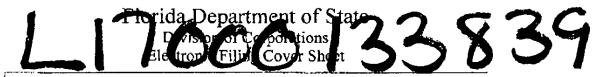
Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document,

(((H170001650753)))



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To:

Division of Corporations

Fax Number : (850) 617-6381

Prom:

Account Name : AGENTS AND CORPORATIONS, INC

Account Number : 120010000112 Phone : (302)575-0875 Fax Number : (302)575-1642

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. THE RIVER HOUSE 1 LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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K. Brumbley

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ARTICLES OF ORGANIZATION FOR PLORIDA LIMITED LIABILITY COMPANY

ARTICUS I - Name:

The name of the Limited Liability Company is:

THE RIVER HOUSE 1 LLC

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

ARTICLE II - Address:

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

Principal Office Address: 2160 lagoon drive Dunedin, FL 34698 Mailing Address: 2160 Lagoon Drive Dunedin, FL 34698 T JUN 21 AN II: 19
SECRETARY OF STATE

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Unbility Company cannot serve as its own Registered Agent. You must designate an intlividual or another business entity with an active Florida registration.)

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

Linsay Rohr

2160 Lagoon Drive Florida street address (P.O. Box NOT acceptable)

Dunedin

FL

34698

City

Zip

Having been named as registered agent and to occupt service of process for the above stated limited limitity 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.

Linsay Rohr

Registered Agent's Signature (Required)

John L. Williams, President

(CONTINUED)

Page 1 of 2

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Meinber

"MGR" = Manager

MGR

PAUL ROHR 2160 Lagoon Drive, Dunedin, FL 34698

MGR

HARRY CROSBY 115 westridge ct, frmo, SC 29036

(Use attachment if nocessary)

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

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member of an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that my 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.)

Typed or printed name of signee

Filing Foes:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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