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.

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Note: DO No	OT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.
To:	Division of Corporations Fax Number : (850)617-6381
From:	Account Name : REGISTERED AGENTS INC.

Phone : (307)200-2803 : (855)330-1010

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.

RIVER COMMONS AT MANHATTAN HARBOR LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:		
RIVER COMMONS / (Must contain			pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street add	dress of the principal	office of the Lin	mited Liability Company is:
<u>Principa</u>	Office Address:		Mailing Address:
3030 N. Rocky Point Dr. STE 150A Tampa FL 33607			3030 N, Rocky Point Dr. STE 150A Tampa FL 33607
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac	annot serve as its ov	vn Registered Ag	Agent's Signature: gent. You must designate an individual or
The name and the Florida street ac	ddress of the register	ed agent are:	
	Registered Agents	lnc.	
		Name	
	3030 N. Rocky Poi	nt Dr. STE 150/	<u> </u>
	Florida street addr	ess (P.O. Box <u>N</u>	OT acceptable)
	Tampa	FI	33607
	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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

-President

PILED
2018 SEP -6 AM 9: 14
SECRETARY OF STATE

Title: "AMBR" = Auth	arizad Mambar	Name and Address:
"MGR" = Manag AMBR	çer	Mad River Holdings, Inc. 3030 N. Rocky Point Dr. STE 150A Tampa FL 33607
AMBR		Riverbend Development at Manhattan Harbor LLC 3030 N. Rocky Point Dr. STE 150A Tampa FL 33607
		
(Use attachment i	• •	
CLE V: Effective da effective date is liste te of filing.)	ate, if other than the date of filied, the date must be specific	, ,
CLE V: Effective date of filing.) If the date inserted secument's effective date.	nte, if other than the date of filied, the date must be specific in this block does not meet the date on the Department of Sta	and cannot be more than five husiness days prior to or 90 days aft the applicable statutory filing requirements, this date will not be listed
CLE V: Effective date is liste te of filing.) If the date inserted ocument's effective date.	ate, if other than the date of filined, the date must be specific in this block does not meet the date on the Department of Statistions, if any.	and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed ate's records.
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CLE V: Effective date is liste te of filing.) If the date inserted becoment's effective date inserted country is considered to the country in the country i	ate, if other than the date of filiced, the date must be specific in this block does not meet the date on the Department of Statistions, if any.	and cannot be more than five husiness days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed the seconds.

Filing Fees:

Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

Riley Park

SECRETARY OF STATE
TALLAHASSEE, FL