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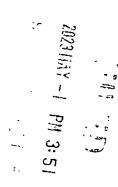
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COVER LETTER

TO: Registration Section Division of Corporations	
Rivigin, LLC SUBJECT:	
Name of Limited	Liability Company
Dear Sir or Madam:	
The enclosed Statement of Authority and fee(s) are subm	itted for filing.
Please return all correspondence concerning this matter to	o the following:
Joseph H. Brown, Esq.	
Name of Person	
Blount Law, PL	
Firm/Company	
809 Walkerbilt Road Ste 7	
Address	
Naples, FL 34110	
City/State and Zip Code	
jbrown@blountlaw.com	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, please cal	II:
Joseph H. Brown	239 592-4815 t()
Name of Person	Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E138 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF AUTHORITY

Pursuant to s authority:	section 60	5.0302(1), Florida	Statutes, this limited	I liability company	y submits the follo	wing state:	ment of	
FIRST: The	e name of	the limited liabili	ty company is: Rivig	gin, LLC				
SECOND:	The Flori	da Document Nun	nber of the limited lia	ability company is	L18000222766			
		ddress of the limit ilt Road Ste 7	ed liability company	's principal office	is:			
Na	ples, FL 3	4110				_		
			mited liability compa			_		
Na	ples, FL 3					_		
position of a person on th	person in e followir	ment of authority a company, whet g:	grants or sets limitat her as a member, train at transferring real pro	ions of authority c nsferee, manager,	on all persons havir officer or otherwis	e or to a sp	us or pecific	
,,							VILEZAZ	2000
	b.		nted to:				S. J. P.H 3:	=======================================
2.	May en	er into other trans	sactions on behalf of,	or otherwise act f	for or bind, the com	pany. j'	3:51	T' N
	b.	No authority gran	nted to:			_ _ _		
LIA	ls-	m			Adams-Mercer	- C .;		
Signature of	authorize	d representative	Filing Fee: Certified Copy	Type \$25.00 :: \$30.00 (option:	ed or printed name	or signatu	re	

CR2E138 (2/14)