

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
RIVERO LLANES SERVICE LLC**

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|-----------------------|----------|
| Certificate of Status | 1 |
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April 16, 2019

FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE, INC. Division of Corporations

SUBJECT: RIVERO LLANES SERVICE LLC
REF: W19000037406

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity listed on the fax cover sheet and the name of the entity listed in the document must be identical. Please amend the document or the fax cover sheet accordingly.

Please list the complete principal office address.

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DANIEL L O'KEEFE
Regulatory Specialist II

FAX Aud. #: H19000123811
Letter Number: 719A00007628

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY
EIN: 83-4421508

ARTICLE I - Name:

The name of the Limited Liability Company is:

RIVERO LLANES SERVICE LLC**ARTICLE II - Address:**

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

3240 SW 142 AVE MIAMI FL 33175**ARTICLE III - Registered Agent, Registered Office:**The name and the Florida street address of the registered agent are: *(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)*LUIS MANUEL RIVERO3240 SW 142 AVE MIAMI FL 33175**ARTICLE IV**

The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

LUIS MANUEL RIVERO (AMBR)CLARA LLANES (MGR)

Required Signatures:



Signature of a member or 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 any 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.

LOIS MAQUEL RIVERA

Typed or printed name of signee

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)