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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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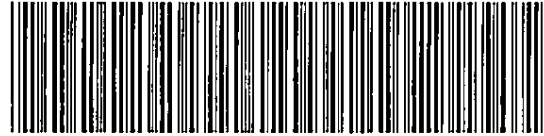
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/03/20--01003--008 **125.00

20 JAN -3 AM 9:13

2020 JAN -3 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FL

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JAN -6

**CORPORATE
ACCESS,
INC.**

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236 East 6th Avenue, Tallahassee, Florida 32303
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PICK UP: 01/03/2020

☐ **CERTIFIED COPY**

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LLC

1. **RIVA 1103, LLC**

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

FILED

ARTICLES OF ORGANIZATION
FOR RIVA 1103, LLC

2020 JAN -3 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FL

1. The name of the Limited Liability Company: RIVA 1103, LLC.
2. The nature of business to be transacted or the purpose to be promoted or carried out by the limited liability company as follows: The purpose of the Limited Liability Company is to engage in any lawful act or activity for which the limited liability companies may be formed under the Limited Liability Company Act of the State of Florida (the "Act"), except (a) rendering "professional services" as defined in the Act; and (b) transacting the business of an insurance company or a surety or indemnity company. Except as expressly provided, the foregoing statement is not intended to limit or restrict in any manner the exercise of all powers conferred upon the Limited Liability Company by the Act, specifically §605.0109.
3. Principal office and Mailing address: 1314 E. Las Olas Blvd., Fort Lauderdale, FL 33301.
4. Name and address of the initial registered agent to accept service of process: David R. Roy, Esq. at 4209 N. Federal Hwy., Pompano Beach, FL 33064.
5. Duration: Pursuant to F.S. §605.0108(3), the duration of the Company is indefinite.
6. Management: The business and affairs of the Limited Liability Company will be Manager managed by Allyson Massey, whose address is 1314 E. Las Olas Blvd., Fort Lauderdale, FL 33301.

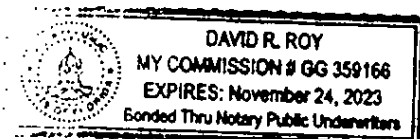
Dated: December 30, 2019.

Name and Capacity of Signatory:

Allyson Massey
By: Allyson Massey
Its: Manager

State of Florida
County of Broward

The foregoing instrument was acknowledged before me this 31 day of December, 2019 by Allyson Massey, who is personally known to me or who produced her drivers license as identification.



[Signature]
Notary Public

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 605.0113, Florida Statutes, the undersigned Limited Liability Company organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office in the State of Florida.

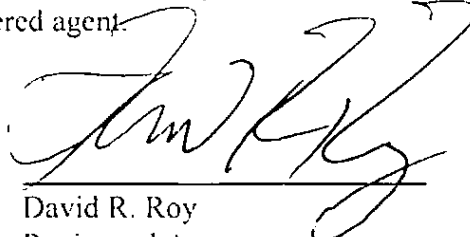
1. The name of the corporation is RIVA 1103, LLC
2. The name and address of the registered agent and office is:

David R. Roy, Esq.
4209 N. Federal Hwy.
Pompano Beach, FL 33064

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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.



David R. Roy
Registered Agent