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| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



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Shippy

COVER LETTER

| TO: New Filing Section Division of Corporations |
|---|
| SUBJECT: Little Lity, LLC Name of Limited Liability Company |
| The enclosed Articles of Organization and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Office Manager Name of Person |
| Riverrun Road, LLC |
| 1317 Edgewater Drive, #1375 Address |
| Aduras |
| Orlando, FL 32804 |
| City/State and Zip Code Riverrun road E amail Com E-mail address: (to be used for future annual report notification) |
| E-mail address: (to be used for future annual report notification) |
| |
| For further information concerning this matter, please call: |
| May at 305 903-8183 Name of Person Area Code Daytime Telephone Number |
| in G |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} |
| Mailing Address New Filing Section New Filing Section |

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: The name of the Limited Liability | Company is: | | |
|---|-------------------------|---------------------|--|
| (Must contain | in the words "Limited | LLC | L.L.C" or "LLC.") |
| ARTICLE II - Address: The mailing address and street add | | | |
| <u>Principal</u> | Office Address: | | Mailing Address: |
| Orlando, F ARTICLE III - Registered Ages | nt, Registered Office, | & Registered Agent | 17 Edgewater Dr. Ste. 1375 Orlando, FL 32804 2's Signature: ou must designate an individual or |
| The name and the Florida street as | ddress of the registere | d agent are: | |
| | Kelly Mille | r | <u>-</u> |
| | | Name | |
| | 1317 Edgewater | Dr | |
| | Florida street addres | is (P.O. Box NOT ac | ceptable) |
| | Orlando | FL | 32804 |
| , | 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)

ed Agent's Signature (REQUIRED)

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| Ditle: "AMBR" = Authorized M "MGR" = Manager | Name and Address: | · | |
|--|---|--|--|
| 000 Gaso (200 | Riverry | in Road. | |
| | 1309 Co Ste 1200 | ffeen ave | |
| | Sherida | n, wy sa | 801 |
| | | | |
| | | | |
| | | | |
| EV: Effective date, if other | r than the date of filing: | | |
| EV: Effective date, if other ective date is listed, the diffiling.) the date inserted in this bluent's effective date on the | r than the date of filing: te must be specific and cannot be more than ock does not meet the applicable statutory filin e Department of State's records. | five business days prior to | or 90 days aft |
| EV: Effective date, if other ctive date is listed, the diffiling.) the date inserted in this bluent's effective date on the | r than the date of filing: te must be specific and cannot be more than ock does not meet the applicable statutory filin e Department of State's records. | five business days prior to | or 90 days aft |
| EV: Effective date, if other etive date is listed, the date fflling.) the date inserted in this bluent's effective date on the EVI: Other provisions, if | r than the date of filing: te must be specific and cannot be more than ock does not meet the applicable statutory filin e Department of State's records. uny. | five business days prior to | or 90 days aft |
| ctive date is listed, the di f filing.) the date inserted in this bl | r than the date of filing: te must be specific and cannot be more than ock does not meet the applicable statutory filin e Department of State's records. any. | five business days prior to | o or 90 days after |
| E V: Effective date, if other etive date is listed, the date if filing.) the date inserted in this bluent's effective date on the E VI: Other provisions, if the E VI: Other provisions, i | te must be specific and cannot be more than ock does not meet the applicable statutory filing to Department of State's records. The company of the control | g requirements, this date very requirements, this date very requirements, this date very requirements, this date very requirements of a member. 15.0203 (1) (b), Florida Statement to the Department of | or 90 days after vill not be listed startes. |
| E V: Effective date, if other ctive date is listed, the date if filing.) the date inserted in this bluent's effective date on the E VI: Other provisions, if the E VI: Other provisions, i | te must be specific and cannot be more than ock does not meet the applicable statutory filing to Department of State's records. The company of the control | erw Road mentative of a member. 15.0203 (1) (b), Florida Stament to the Department of 155, F.S. | or 90 days after vill not be listed states. |

ARTICLE IV-