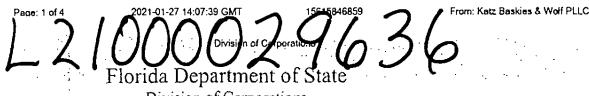
1/27/2021



Division of Corporations . Electronic Filing Cover Sheet

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.

(((H21000036294 3)))



H210000382943ABC

Note: DO NOT 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 : KATZ BASKIES & WOLF PLLC

Account Number : I20080000071 Phone : (561)910-5700 Fax Number : (561)910-5701

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: thomas, Katz @ Katzbaskus, Com

# FLORIDA LIMITED LIABILITY CO. NRNS ACQUISITION RIVIERA POINT, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

## H21000036294 3

#### **COVER LETTER**

TO:	New Filing Sect Division of Corp			•			
SUBJE		UISITION RIVIERA PC	INT, LLC				
SOBJE		Name of Lin	nited Liabil	ity Company			
The en	closed Articles of (	Organization and fee(s) ar	e submitted	for filing.			
Please	return all correspo	ndence concerning this ma	atter to the i	following:			
	THOMAS O.	KATZ				2	
	<del></del>		Name of	Person		. 1 <u>2</u> 1	_
	KATZ BASK	LIES & WOLF PLLC				2:	Ī
			Firm/Co	mpany		27	
*****							
			Addı	ess		5:5	_
	BOCA RATO	ON, FL 33431				9	
	shames kate@		City/State ar	d Zip Code		•	
		katzbaskies.com -mail address: (to be used	for future	annual report notificat	ion)	_	
For furt	her information cor	scerning this matter, pleas	c call:				
	Thomas O. K		61	910-5700			
	Name		rea Code	Daytime Telephon	e Number		
Enclos	ed is a check for th	ne following amount:					
<b>≘</b> \$12	5.00 Filing Fee	☐\$130,00 Filing Fce & Certificate of Status	Certif	5.00 Filing Fee & ied Copy all copy is enclosed)	☐S160.00 Filing Fee Certificate of Status & Certified Copy (additional copy is enclo	k	
	New Fi Divisio P.O. B	g Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810		

### H21000036294 3

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMIT	DED LIABILITY COMPANY				
ARTICLE I - Name: The name of the Limited Liability Company is:						
the name of the Landoot Landoot Company						
NRNS ACQUISITION RIVIERA POINT, LL	c					
(Must contain the words "Limited Li	ability Compe	my, "LLC," or "LC")				
ARTICLE II - Address:						
The mailing address and street address of the principal off	ice of the Lin	ated Liability Company is:				
Principal Office Address:		Malling Address				
6360 NW 5TH WAY		6360 NW STH WAY				
SUITE 302		SUITE 302				
FT. LAUDERDALE, FL. 33309		PT. LAUDERDALE, FL 33309				
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration	registered VS	Agent's Signature: ent. You must designate an individual or				
The name and the Florida street address of the registered	gent are:					
KATZ BASKIES & WOLF PLLC						
	Name					
3020 NORTH MILITARY TRAIL SUITE 100						
Florida street address	(P.O. Box N	2 acceptable)				
BOCA RATON	FL	33431				
City	State	Zip				
Having been named as registered agent and to accept service	e of process fo	or the above stated limited liability company at				

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)

(CONTINUED)

From: Ketz Baskies & Wolf PLLC

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" - Manager MGR W STH WAY . SUITE 302 (Use attachment if necessary) \_. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: \_ (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as the document's effective date on the Department of State's records, ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 505.0203 (1) (b), Florida Statutes. 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.

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

THOMAS O. KATZ. Authorized representative
Typed or printed name of signer

\$ 5.00 Certificate of Status (Optional)