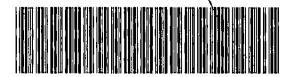
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| (R | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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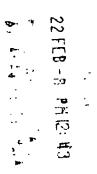
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COVER LETTER

| TO: | New Filing Sec Division of Cor | | | | |
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| | | j | IR Rivera LI | .c | |
| SUBJI | ECT: | Name of Li | mited Liabil | ty Company | |
| The en | closed Articles of | Organization and fee(s) a | re submitted | for filing. | |
| Please | return all correspo | ondence concerning this m | atter to the f | ollowing: | |
| | | F | Ruth Liliana | Rivera | |
| | | | Name of | Person | |
| | | | JR Rivera | LLC | |
| | | | Firm/Co | mpany | |
| | | | 2334 SE 2 | 3rd Rd | |
| | <u> </u> | | Addr | ess | |
| | _ | H | lomestead, F | L 33035 | |
| | | | City/State an .mngmnt@g | • | |
| | | E-mail address: (to be used | | · · · · · · · · · · · · · · · · · · · | ion) |
| For furth | ner information co | ncerning this matter, pleas | se call: | | |
| | Ruth Lilia | na Rivera | 786 | 255-2801 | |
| | Nam | · · · · · · · · · · · · · · · · · · · | Area Code | Daytime Telephon | |
| Enclos | ed is a check for t | he following amount: | | | |
| □\$12 | 5.00 Filing Fee | □\$130.00 Filing Fee & Certificate of Status | Certifi | 5.00 Filing Fee & ed Copy al copy is enclosed) | XS160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | New F Divisio P.O. B | ng Address illing Section on of Corporations ox 6327 assee, FL 32314 | | Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230 | assee et, Suite 810 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | JR Rivera LL | .C | | |
|--|--|--|---|--|
| (Must conta | in the words "Limited Lia | bility Company, ' | 'L.L.C.," or "LLC.") | |
| ARTICLE II - Address: | | | | |
| he mailing address and street ad | dress of the principal offic | e of the Limited | Liability Company is: | |
| Principa | l Office Address: | | Mailing Address: | |
| 2334 SE 23rd Rd | | 2334 | SE 23rd Rd | |
| | | | Homestead, FL 33035 | |
| The Limited Liability Company | nt, Registered Office, & Cannot serve as its own Re | Registered Agen | t's Signature: | |
| Homestead, FL 33035 ARTICLE III - Registered Age The Limited Liability Company mother business entity with an a | nt, Registered Office, & cannot serve as its own Rective Florida registration.) | Registered Agen | t's Signature: | |
| ARTICLE III - Registered Age The Limited Liability Company nother business entity with an a | nt, Registered Office, & cannot serve as its own Rective Florida registration.) | Registered Agen | t's Signature: | |
| ARTICLE III - Registered Age The Limited Liability Company nother business entity with an a | nt, Registered Office, & leannot serve as its own Rective Florida registration.) ddress of the registered ag | Registered Agent Segistered Agent Segistered Agent Segistered Agent Segistered Registered Registere | t's Signature: | |
| ARTICLE III - Registered Age The Limited Liability Company nother business entity with an a | nt, Registered Office, & Cannot serve as its own Rective Florida registration.) ddress of the registered ag Ruth I | Registered Agen egistered Agent. Y gent are: Liliana Rivera | t's Signature: | |
| ARTICLE III - Registered Age The Limited Liability Company nother business entity with an a | nt, Registered Office, & Cannot serve as its own Rective Florida registration.) ddress of the registered ag Ruth I | Registered Agent Segistered Agent Segistered Agent Segistered Agent Segistered Agent Segistered Agent are: Liliana Rivera Segistered Rd | t's Signature: 'ou must designate an individua | |
| ARTICLE III - Registered Age The Limited Liability Company nother business entity with an a | nt, Registered Office, & Cannot serve as its own Rective Florida registration.) ddress of the registered ag Ruth I | Registered Agent Segistered Agent Segistered Agent Segistered Agent Segistered Agent Segistered Agent are: Liliana Rivera Segistered Rd | t's Signature: 'ou must designate an individua | |

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..

R. Liliana Rivera Registered Agent's Signature (REQUIRED)

(CONTINUED)

Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager Moises Rivera 2334 SE 23rd Rd Homestead, FL 33035 MGR (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 filing 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. **REOUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (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. Typed or printed name of signee Filing Fees:

The name and address of each person authorized to manage and control the Limited Liability Company:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)