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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : GEOFFREY M. WAYNE, P.A.

Account Number : 076770003401

Phone : (305)381-8108

Fax Number : (305)381-8109

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

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# FLORIDA LIMITED LIABILITY CO. RVGF Management LLC

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is: RVGF Management LLC

### **ARTICLE II- Address:**

The mailing address of the Limited Liability Company is: 135 San Lorenzo Ave., PH 840, Coral Gables, FL 33146.

The street address of the principal office of the Limited Liability Company is: 135 San Lorenzo Ave., PH 840, Coral Gables, FL 33146.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

> EXCELSIOR CORPORATE SERVICES LLC 135 San Lorenzo Ave., PH 840 Coral Gables, FL 33146

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.

---- DocuSkened by:

	Geoffrey M. Wayne		~3	
	Registered Agent's Signature		2022	
ARTICLE IV – Management: The name and address of each	person authorized to manage and control the Limited Lia	ability Con	ikany:	į -
AMBR	Gianni Giuliano Ferrara 135 San Lorenzo Ave., PH 8 Coral Gables, FL 33146	340	+ PM 2: 0	
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#### ARTICLE V - Limitation of Authority:

The sale, lease, other disposition, assumption of debt affecting or encumbrance (by mortgage or otherwise) of any of the Company's assets shall require the written consent of all Members including each Member holding jointly.

RTICLE VI – Effective date, if other than the date of filing:
DocuSigned by:
Groffry M. Wayne, Authorized Representative of a Member
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.)

> Geoffrey M. Wayne Typed or printed name of signee

> > FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization

25 00 Decimpation of Registered Agent

- \$ 30.00 Certified Copy (OPTIONAL) \$ 5.00 Certificate of Status (OPTIONAL)