L22000149499

(Red	questor's Name)	
(Ädd	dress)	
(Add	dress)	
(City	y/State/Zip/Phone #)	
(01.)	rotaterElph flone #)	
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Name)	
(Doc	cument Number)	
Certified Copies	Certificates of	Status
Special Instructions to F	Filing Officer:	
		HL

Office Use Only



400383755864

03/21/22--01032--018 **130.00

2022 HAR 21 PM 8: 52

COVER LETTER

TO:	New Filing Sec Division of Co					
SUBJE	CT	ound Investors L	LC			
50551			me of Lin	ited Liabil	ity Company	
The en	closed Articles of	Organization and	l fee(s) are	submitted	for filing.	
Please	return all corresp	ondence concerni	ng this ma	tter to the	following:	
	Howard W.	Bernstein				
				Name of	Person	
				F: (C		
				Firm/Co	mpany	
	9573 Campi	Drive				<u> </u>
				Addı	ess	
	Lake Worth	, FL 33467				
	howieb957@	umboo com	C	ity/State ar	d Zip Code	
		<u> </u>	o be used	for future	innual report notificati	on)
For furth	ner information co	oncerning this mat	ter, please	call:		
	Howard W.	Bernstein	56 at (968-8363	
	Nan	ne of Person			Daytime Telephone	e Number
Enclos	ed is a check for t	the following amo	unt:			
□\$12:	5.00 Filing Fee	■\$130.00 Fili Certificate of		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New I Divisi	ng Address Filing Section on of Corporation Box 6327	ns		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Street	issee

Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
DV Birrahamad Investors I I C	
RV Riverbound Investors LLC.	
(Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	-fab - I instead I inhibite Company is:
The mailing address and street address of the principal office	of the Limited Liability Company is:
The mailing address and street address of the principal office Principal Office Address:	of the Limited Liability Company is: <u>Mailing Address:</u>
Principal Office Address:	Mailing Address:
Principal Office Address: 9573 Campi Drive	Mailing Address: 9573 Campi Drive
Principal Office Address:	Mailing Address:
Principal Office Address: 9573 Campi Drive	Mailing Address: 9573 Campi Drive

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Howard W. Bernstein

Name

9573 Campi Drive

Florida street address (P.O. Box NOT acceptable)

Lake Worth Florida 33467

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Howard W. Bernstein
MOR	9573 Campi Drive
	Lake Worth, Florida 33467
MCD	Diam C. Dometala
<u>MGR</u>	Elinor C. Bernstein 9573 Campi Drive
	Lake Worth, FL 33467
	Earc Worth, 10 35 to
	A 20
	AHC AR
	→
(Use attachment if necessary)	~~ <u>~</u> ,
	⊕
RTICLE V: Effective date, if other than:	the date of filing: (OPTIONAL)
	st be specific and cannot be more than five business days prior to or 90 days after
ne date of filing.)	• • • • • • • • • • • • • • • • • • • •
	oes not meet the applicable statutory filing requirements, this date will not be listed a
he document's effective date on the Depa	
ne document's effective date on the Depa	ariment of State's records.
RTICLE VI: Other provisions, if any.	
ACTICLE VI. Other provisions, if any.	
	
<u>REOUIRED</u> SIGNATURE: /	1000
_	
	1 oward emiter
Signature	of a member or an authorized representative of a member.
This document i	is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
Lam aware that	
	any false information submitted in a document to the Department of State

Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Howard W. Bernstein