

H220001463813
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 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : EXPERTAX
 Account Number : I20200000010
 Phone : (407)777-7470
 Fax Number : (321)206-9743

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DEPT. OF STATE, FLA.

FLORIDA LIMITED LIABILITY CO.

RIVERCAR LLC

Certificate of Status	1
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Page Count	04
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COVER LETTER

TO: **New Filing Section**
Division of Corporations

RIVERCAR LLC
SUBJECT: _____

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:

RICHARD JOSE DIAZ SANCHEZ

Name of Person

Firm/Company

1875 CASSIDY KNOLL DR

Address

KISSIMMEE, FL 34744

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD J. DIAZ SANCHEZ	321	368-9160
at ()	
Name of Person	Area Code	Daytime Telephone Number

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 FLILED
 TALLAHASSEE, FL

Enclosed is a check for the following amount:

<input type="checkbox"/> \$125.00 Filing Fee	<input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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Mailing Address

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

Street Address

New Filing Section Division
 The Centre of Tallahassee
 2415 N. Monroe Street, Suite 810
 Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

RIVERCAR LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:1875 CASSIDY KNOLL DR
KISSIMMEE, FL 34744Mailing Address:1875 CASSIDY KNOLL DR
KISSIMMEE, FL 34744**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:

RICHARD JOSE DIAZ SANCHEZ

Name

1875 CASSIDY KNOLL DRFlorida street address (P.O. Box NOT acceptable)

<u>KISSIMMEE</u>	<u>FLORIDA</u>	<u>34744</u>
City	State	Zip

I 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.

RD

Registered Agent's Signature (REQUIRED)

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RIVERCAR LLC, FL

(CONTINUED)

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ARTICLE IV.

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

Title:

"AMBR" = Authorized Member
 "MGR" = Manager

MBR**Name and Address:**

RICHARD JOSE DIAZ SANCHEZ
1875 CASSIDY KNOLL DR
KISSIMMEE, FL 34744

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

REQUIRED SIGNATURE:*RD*
 0235 APR 22 PM 1:50
 FLORIDA SECRETARY OF STATE
 KISSIMMEE, FL

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.

RICHARD JOSE DIAZ SANCHEZ
 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)

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