## L22000474251

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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## COVER LETTER .

TO:	New Filing Section Division of Corporations		
SUBJE	ECT: 5538 Riversi	de LLC	
	Name of Little	ted Liability Company	
The en	closed Articles of Organization and fee(s) are s	submitted for filing.	
Please	return all correspondence concerning this matter	er to the following:	
	FC	elicia Thomas	
		Name of Person	
		Firm/Company	
	11 do 010	• •	
	100 119	intation Avenue	<u> </u>
		nier FL 3307 y/State and Zip Code	
	City	y/State and Zip Code	
	Civersidere	149 Q 4000. Co	m
	E-mail address: (to be used for	or future annual report notification	on)
or furth	her information concerning this matter, please o	call:	
	Felicia Thomas at 36  Name of Person Are	oS) 509- 20 a Code Daytime Telephone	Number
Enclose	sed is a check for the following amount:		
<b>E</b> IS12:	5.00 Filing Fee	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address	
	New Filing Section Division of Corporations	New Filing Section Div The Centre of Tallaha	vision ssee S
	P.O. Box 6327	2415 N. Monroe Stree	t, Suite 810
	Tallahassee, FL 32314	Tallahassee, FL 32303	·

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	5538 6	Riverside	LL(,
(Must co	ontain the words "Limited	Liability Company	/, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stree	et address of the principal o	office of the Limite	d Liability Company is:
<u>Prin</u>	cipal Office Address:		Mailing Address:
166 Plant	ation Ave ier: FL 33070	<u> </u>	Tovernier FL 33070
ARTICLE III - Registered A	Agent, Registered Office,	& Registered Age	ent's Signature:
	any cannot serve as its own an active Florida registration address of the registered	Registered Agent on.) dagent are:	. You must designate an individual or
(The Limited Liability Compa another business entity with a	any cannot serve as its own an active Florida registration address of the registered	Registered Agent on.) dagent are:	. You must designate an individual or
(The Limited Liability Compa another business entity with a	any cannot serve as its own an active Florida registration address of the registered	Registered Agent on.) Lagent are: Name Plantati	You must designate an individual or  You Ave-
(The Limited Liability Compa another business entity with a	any cannot serve as its own an active Florida registration eet address of the registered Florida street address	Registered Agent on.) Lagent are: Name Plantati	You must designate an individual or  You Ave-
(The Limited Liability Compa another business entity with a	any cannot serve as its own an active Florida registration eet address of the registered FE	Registered Agent on.) Lagent are: Name Plantati	You must designate an individual or  You Ave-
(The Limited Liability Compa another business entity with a The name and the Florida stre Having been named as registere place designated in this certifica further agree to comply with the	rany cannot serve as its own an active Florida registration retains address of the registered Florida street address  Florida street address  City  Thereby accept the apper provisions of all statutes references.	Registered Agent on.)  d agent are:  CNCIG The Name  PAGN+G+1:  s (P.O. Box NOT)  State  ice of process for the ointment as registed elating to the proper	You must designate an individual or  You Ave- acceptable) 33070

(CONTINUED)

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## ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager				
MITR	Felicia Thomas			
	uple Plantation Avenue			
	- Javernier, FL 33070			
AMBR	Lee Thomas			
	Holo Pigntation Art.			
	- TAVEZ NEZ PE 330 K			
(Use attachment if necessary)				
the date of filing.)	ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as			
ARTICLE VI: Other provisions, if any.				
<b>REOUIRED</b> SIGNATURE:				
	1.00			
Signature of a me	ember or an authorized representative of a member.			
I am aware that any false	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.			
	Felicia Thomas			
<del>-</del>	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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