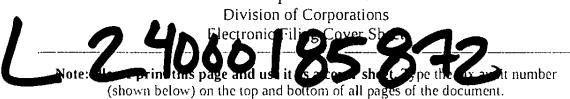
4/24/2024 13:19 15 PDT > To: 18506176383 Page: 1/3 Fax: 8134365206

Florida Department of State



(((H240001501533)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email	Address:	

FLORIDA LIMITED LIABILITY CO. **RIVGAL LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Help

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	*
RIVGAL LLC	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
DTICLE H. Addr	
RTICLE II - Address:	- Call - 1 forth at 1 feb. Par 20
he mailing address and street address of the principal office	of the Limited Elability Company is:
Principal Office Address:	Mailing Address:
7271 W 24 Ave.	7271 W 24 Ave.
Apr 132	Apt 132
Miami, Florida 33016	Miami, Florida 33016
•	
RTICLE III - Registered Agent, Registered Office, & Ro	gistered Agent's Signature:
he Limited Liability Company cannot serve as its own Regi	stered Agent. You must designate an individua
other business entity with an active Florida registration.)	

Registered Agents Inc

Name

7901 4th St N STE 300

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

 St. Petersburg
 FL
 33702

 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)

2824 APR 21. PM 1.36

4/24/2024 13:19:15 PDT • To: 18506176383 Page: 3/3 Fax: 8134365206

"AMBR" = Authorized	Name and Address:
AMDIX - Mullionzed	lember
"MGR" = Manager	
AMBR	Rivera, Eduardo Francisco
AMBR	7901 4th Sc N STE 300
	St. Petersburg, FL 33702
(Use attachment if neces CLE V: Effective date, if of	
CLE V: Effective date, if or effective date is listed, the ite of filing.) If the date inserted in this	er than the date of filing:
CLE V: Effective date, if or effective date is listed, the ite of filing.) If the date inserted in this	er than the date of filing:
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CLE V: Effective date, if of effective date is listed, the offiling.) If the date inserted in this ocument's effective date on CLE VI: Other provisions, i	er than the date of filing:
CLE V: Effective date, if of effective date is listed, the ite of filing.) If the date inserted in this ocument's effective date on CLE VI: Other provisions, i REQUIRED SIGNATION Signature of the provision of the company of the	er than the date of filing:
CLE V: Effective date, if of effective date is listed, the off filing.) If the date inserted in this ocument's effective date on CLE VI: Other provisions, i REQUIRED SIGNATURES Signature of the date of the d	RE: Copyright of a member of an authorized representative of a member. Copyright of a member of a member of a member of the accordance with section 605.0203 (1) (b). Florida Statutes, re that any false information submitted in a document to the Department of State at third degree felony as provided for in s.817.155. F.S.
CLE V: Effective date, if of effective date is listed, the off filing.) If the date inserted in this ocument's effective date on CLE VI: Other provisions, i REQUIRED SIGNATURES Signature of the date of the d	re than the date of filing:

as

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-