K240W197227

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

	Filing Sect					
SUBJECT: _		Riera Group 1 Name of Lin	nited Liability Company			
The enclosed	Articles of (Organization and fee(s) are	submitted for filing.			
Please return a	all correspo	ndence concerning this ma	itter to the following:			
		Carlos Riera	C			
			Name of Person			
_	Firm/Company					
_	Po Box 5131 Address Lafayette, La 70502 Criera Other Mark Organization Comp					
			Address			
_		Lafayette,	la 70502			
	Cr	iera Othe riera	ity/State and Zip Code a Organi Zatton. Com			
			for future annual report notificat	ion)		
For further info	rmation con	cerning this matter, please	call:			
(\wedge	-	225 <u>)</u> 287-697	8		
	Name	of Person Ar	rea Code Daytime Telephon	e Number		
Enclosed is a	check for th	e following amount:				
≭ \$125.00 Fil	ling Fee	□\$130,00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailine	Address	Street Address			

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:			
_	iera Graup,	1.1.0		
(Must contai	n the words "Limited Liab	oility Con	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	ress of the principal office	e of the L	mited Liability Company is:	
<u> Principal</u>	Office Address:	Mailing Address:		
905 Jeffers	on Street Suite 504	PO Box 5131 Latayetk, La 70592		
_ Latwyette, La	905 Jefferson Street Suite 505 Latwyette, La 70501			7549
another business entity with an ac The name and the Florida street ac	ldress of the registered age	Riera ame		
	Florida street address (P	O. Box	OT acceptable)	
	Winter Garden			
	City	State	Zip	
Having been named as registered as place designated in this certificate, I further agree to comply with the proam familiar with and accept the obli	hereby accept the appoint visions of all statutes relati gations of my position as r	ment as r ing to the egistered	egistered agent and agree to a proper and complete performa	ct in this capacity. I ance of my duties, and .
	((CONTIN	UED)	

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	_
AMBR	Curlos Rura
	905 Jetturson Street Suite 505
	Lafayette, La 70501
	J ,
(Use attachment if necessary)	
e date of filing.)	specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed out of State's records.
REQUIRED SIGNATURE:	
RECOURED SIGNATURE:	
۵. ۱ ـ	
Signatura of a	member or an authorized representative of a member.
	cuted in accordance with section 605.0203 (1) (b), Florida Statutes.
	alse information submitted in a document to the Department of State
constitutes a third deg	tree felony as provided for in s.817.155, F.S.
	urlos Kiera
	Typed or printed name of signee
	Typed or printed name of signee
	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)