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#### **COVER LETTER**

10:	Registration Section Division of Corporations	
	BIVIV LLC	

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Carlos M. Feliciano
Name of Person
Cafe Ideas, Inc.
Firm/Company
7986 Snowberry Circle
Address
Orlando, FL 32819
City/State and Zip Code
carlos@carlosfeliciano.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos M. Feliciano

Name of Contact Person

#### **MAILING ADDRESS:**

**Division of Corporations** Registration Section P.O. Box 6327 Tallahassee, FL 32314

#### STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

□ \$130.00 Filing Fee & Certificate of Status

■ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

I, JESUS SANTIAGO WILL NOT REVOKE THE VOLUNTARY DISSOLUTION OF RIVIV, L.L.C. AND I RELEASE THE NAME FOR USE.

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
50.07.1.1.7

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "L.C.")

Commonwealth of Puerto Rico 3 66-071

(Jurisdiction under the law of which foreign limited liability company is organized)

(FEI number, if applicable)

, March 13, 2015

(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

478 East Altamonte Drive, Suite 108-353

Altamonte Springs, FL 32701

(Street Address of Principal Office)

6 478 East Altamonte Drive, Suite 108-353

Altamonte Springs, FL 32701

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Jesus E. Santiago -E. Directof MGR

478 East Altamonte Drive, Suite 108-353

Altamonte Springs, FL 32701

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Jesus E. Santiago

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

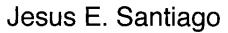
PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

## RIVIV, L.L.C.

If unavailable, the alternate to be used in the state of Florida is:

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



(Name)

478 East Altamonte Drive, Suite 108-353

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Altamonte Springs

. 3270°

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, Florida Statutes.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



## Commonwealth of Puerto Rico DEPARTMENT OF STATE San Juan, Puerto Rico

### CERTIFICATE OF GOOD STANDING

I, **DAVID E. BERNIER RIVERA**, Secretary of State of the Commonwealth of Puerto Rico,

**CERTIFY:** That, pursuant to Puerto Rico's General Law of Corporations, **RIVIV, L.L.C.**, register number **1009**, a Limited Liability Company organized under the laws of Puerto Rico on **March 07, 2008**, has complied with the payment of its Annual Fees.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Commonwealth of Puerto Rico, in the City of San Juan, Puerto Rico, today, March 09, 2015.

DAVID<sup>1</sup>E. BERNIER RIVERA

Secretary of State

To validate this certificate go to: http://www.estado.gobierno.pr

This certificate can be validated up to 2 times before its expiration date of 07-Jun-2015.

Certificate Validation Number: 102784-68717710