

9/18/23, 8:34 AM

Division of Corporations

M23000012037
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number
(shown below) on the top and bottom of all pages of the document.

((H23000327534 3)))



H23000327534 3ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

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

Email Address: _____

SEARCHED
INDEXED
SERIALIZED
FILED
SEP 19 2018
FLORIDA
DIVISION OF
CORPORATIONS
FLORIDA
DEPARTMENT OF STATE

**Foreign Limited Liability Company
RIVR VENTURES LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

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

IN COMPLIANCE WITH SECTION 605.010, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

RIVR VENTURES LLC

1. (Name of Foreign Limited Liability Company, must include "Limited Liability Company" "LLC" 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," "LLC," or "LLC")

Delaware

2. State or nation under the law of which foreign limited liability company is organized. 3. FDI number (if applicable)

4. Date first transacted business in Florida, if prior to registration.
(See sections 605.0914 & 605.0905 F.S. to determine penalty liability)

5. Street Address of principal Office
**2980 Northeast 207th Street,
Suite 300**
Aventura, FL, 33180

6. Mailing Address
**2980 Northeast 207th Street, Suite
300**
Aventura, FL, 33180

7. Name and street address of Florida registered agent. (P.O. Box NOT acceptable)

LEGALINC CORPORATE SERVICES INC.

Name 476 Riverside Ave.

Office Address Jacksonville 32202

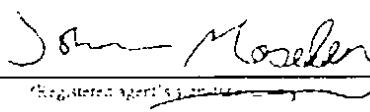
Florida Zip code

(City)

(Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Registered agent's signature

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<input type="checkbox"/> Manager Name: <u>CAETANO NASCIMENTO</u>		<input type="checkbox"/> Manager Name: <u>RICARDO POCETTI</u>	
<input checked="" type="checkbox"/> Member Address: <u>2980 Northeast 207th Street, Suite 300</u>	<input checked="" type="checkbox"/> Member Address: <u>2980 Northeast 207th Street, Suite 300</u>		
<input type="checkbox"/> Authorized Person <u>Aventura, FL, 33180</u>	<input type="checkbox"/> Authorized Person <u>Aventura, FL, 33180</u>		
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager Name _____	<input type="checkbox"/> Manager Name _____	<input type="checkbox"/> Manager Name _____	<input type="checkbox"/> Manager Name _____
<input type="checkbox"/> Member Address: _____	<input type="checkbox"/> Member Address: _____	<input type="checkbox"/> Member Address: _____	<input type="checkbox"/> Member Address: _____
<input type="checkbox"/> Authorized Person _____	<input type="checkbox"/> Authorized Person _____	<input type="checkbox"/> Authorized Person _____	<input type="checkbox"/> Authorized Person _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager Name _____	<input type="checkbox"/> Manager Name _____	<input type="checkbox"/> Manager Name _____	<input type="checkbox"/> Manager Name _____
<input type="checkbox"/> Member Address: _____	<input type="checkbox"/> Member Address: _____	<input type="checkbox"/> Member Address: _____	<input type="checkbox"/> Member Address: _____
<input type="checkbox"/> Authorized Person _____	<input type="checkbox"/> Authorized Person _____	<input type="checkbox"/> Authorized Person _____	<input type="checkbox"/> Authorized Person _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a 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 (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0293 (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.

Caetano Laborda Nobre do Nascimento

Signature of an authorized person

CAETANO NASCIMENTO

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RIVR VENTURES LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RIVR VENTURES LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



6100932 8300

SR# 20233286364

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State

Authentication: 203995797

Date: 08-18-23