

9/18/23, 8:34 AM

Division of Corporations

M23000012037

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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: _____

**Foreign Limited Liability Company
RIVR VENTURES LLC**

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

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Corporate Filing Menu

Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN COMPLIANCE WITH SECTION 605.0902, 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 "LLP")(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 "LLP")
Delaware2 _____ 3 _____
(Jurisdiction under the law of which foreign limited liability company is organized) (Firm 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 Foreign 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.

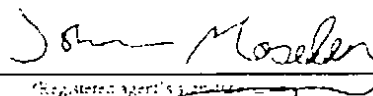
Office Address

Jacksonville

32202

_____, Florida _____
(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]

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name, <u>CAETANO NASCIMENTO</u>	<input type="checkbox"/> Manager	Name, <u>RICARDO POCKETT</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, s</u>
<input type="checkbox"/> Authorized	<u>Aventura, FL, 33180</u>	<input type="checkbox"/> Authorized	<u>Aventura, FL, 33180</u>
Person		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"/> Member	Address	<input type="checkbox"/> Member	Address
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		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"/> Member	Address	<input type="checkbox"/> Member	Address
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		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 605.0203 (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.

Caetano Laborda Nobre do Nascimento

Signature of an authorized person.

CAETANO NASCIMENTO

Typed or printed name of signer

Delaware

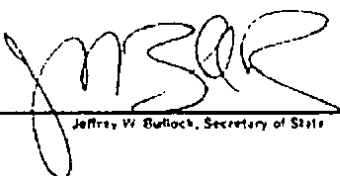
The First State

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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.


Jeffrey W. Bullock, Secretary of State

6100932 8300

SR# 20233286364

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

Authentication: 203995797

Date: 08-18-23