

# L/14000101088

From: 06/24/2014 11:29:38 AM 001004  
 Division of Corporations Page 1 of 1

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 : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
 Account Number : 075350000353  
 Phone : (800)221-2972  
 Fax Number : (888)692-9256

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

Email Address: \_\_\_\_\_

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 14 JUN 24 AM 11:35  
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FLORIDA LIMITED LIABILITY CO.  
 14579 RIVIERA POINTE DRIVE LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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From:

06/24/2014 10:29

#388 P.002/004

850-617-8381

6/24/2014 9:50:23 AM PAGE

1/001

Fax Server



June 24, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

SUBJECT: 14579 RIVIERA POINTE DRIVE LLC

REF: W14000039191

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

FAX Aud. #: H14000150065  
Letter Number: 314A00013594

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14 JUN 24 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

From:

06/24/2014 10:29

#388 P.003/004

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

14579 RIVIERA POINTE DRIVE LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

128 4TH PLACE  
BROOKLYN, NY 11231

**Mailing Address:**

128 4TH PLACE  
BROOKLYN, NY 11231

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2014 JUN 24 AM 8:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

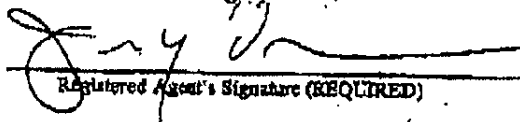
The name and the Florida street address of the registered agent are:

JOHANNY OLMEDO  
Name

14579 RIVIERA POINTE DRIVE  
Florida street address (P.O. Box **NOT** acceptable)

ORLANDO FL 32828  
City 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)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:  
"AMBR" = Authorized Member  
"MGR" = Manager  
AMBR

Name and Address:  
JOHANNY OLMEDO  
14679 RIVIERA POINTE DRIVE  
ORLANDO, FL 32828

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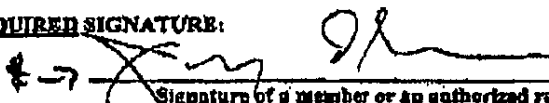
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), Florida Statutes, 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.817.135, F.S.)

JOHANNY OLMEDO

Typed or printed name of signer

**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)