

L19000142336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

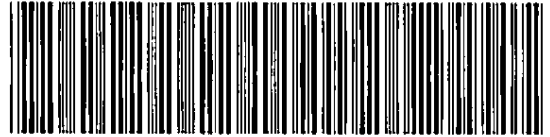
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

File 184

Office Use Only



300330362913

FILED
19 JUN - 5 PM 1:08
TALLAHASSEE, FLORIDA

RECEIVED
19 JUN - 5 AM 9:54
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserv.com
e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
rnstops@incserv.com
850.656.7953

REQUEST DATE 6/5/2019

PRIORITY Routine

OUR REF. # (Order ID#) 747802

ORDER ENTITY

ROYAL PALM GARDENS MANAGEMENT, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

Please file the attached new LLC filing and provide a certified copy and a good standing as evidence.

NOTES:

\$160.00 Authorized - This is a file first, file second filing request with the LLC to be filed first as it is the general partner and the LLLP to be filed second.

Email address for annual report reminders: ryan@redwoodhousing.com

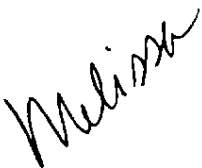
RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Royal Palm Gardens Management, LLC
(Must contain 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>3101 Bee Caves Road, #220</u>	<u>3101 Bee Caves Road, #220</u>
<u>Austin, Texas 78746</u>	<u>Austin, Texas 78746</u>

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:

C T Corporation System
Name

1206 South Pine Island Road
Florida street address (P.O. Box NOT acceptable)

<u>Plantation,</u>	<u>Florida</u>	<u>33324</u>
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, F.S.

Sandi Hansen, Assist. Secy.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
19 JUN -5 PM 1:00
CLERK OF CIRCUIT COURT
PALM BEACH COUNTY, FLORIDA

ARTICLE IV-

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

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

Name and Address:
Jeffrey Green
3101 Bee Caves Road, #220
Austin, Texas 78746

MGR

Ryan Fuson
3101 Bee Caves Road, #220
Austin, Texas 78746


(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE


Signature of a member or an authorized representative of a member.

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.

Ryan Fuson

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)

FILED
19 JUN -5 PM 1:00
FLORIDA SECRETARY OF STATE