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## LIMITED LIABILITY COMPANY

RoyCo LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name**

The name of the Limited Liability Company is: **RoyCo LLC**

**ARTICLE II - Address**

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

**Principal Office Address:**

942 Rt. 376, Suite 216

Wappingers Falls, NY 12590

**Mailing Address:**

942 Rt. 376, Suite 216

Wappingers Falls, NY 12590

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

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

**Roy Glassberg**

Name

**123 NW 13th, Suite 312**

(P.O. Box or Mail Drop Box NOT Acceptable)

**Boca Raton, FL 33432**

(City / State / Zip)

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*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 608, F.S.*

  
Registered Agent's Signature - Roy Glassberg

**ARTICLE IV - Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

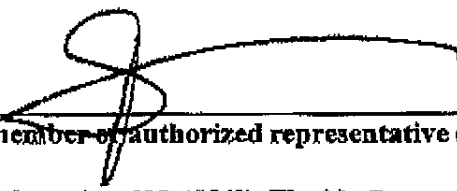
**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGRMDebra O'Donnell- 701 Wheeler Road, Wappingers Falls, NY 12590

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member.

( In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. )

Debra O'Donnell

Typed or printed name of signee

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