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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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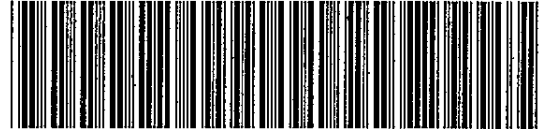
(Business Entity Name)

(Document Number)

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DIVISION OF REVENUE

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Royal Vending, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Paris
(Name of Person)

Royal Vending, LLC
(Firm/Company)

2141 N. University Dr. # 175
(Address)

Coral Springs FL 33071
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Paris at (954) 701-1229
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

04 AUG 10 PM 1:41
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Royal Vending, LLC

ARTICLE II - Address:

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

Principal Office Address:

2141 N. UNIVERSITY DR. #175
Coral SPRINGS, FL 33071

Mailing Address:

2141 N. UNIVERSITY DR. #175
Coral SPRINGS, FL 33071

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

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

Michael Paris
Name

2141 N. UNIVERSITY DR. #175
Florida street address (P.O. Box **NOT** acceptable)

Coral SPRINGS FLORIDA 33071
City, State, and 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 608, Florida Statutes..

Michael Paris
Registered Agent's Signature

04 AUG 10

CLERK OF COURT
DIVISION OF CORPORATE
AND FINANCIAL SERVICES

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:

MGRM

Michael Paris
10321 NW 11th St
Plantation FL 33322

MGRM

Michael Norris
1529 Coral Ridge
Coral Springs, FL 33071

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Michael Paris

Signature of a member or an 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.)

Michael Paris
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY
DIVISION OF CORPORATE
04 AUG 10 PM 1:41