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(Re	equestor's Name)	<del></del>
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PICK-UP	☐ WAIT	MAIL
(Ви	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only

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DIVISION OF CORPORATION

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der Co

James Joseph 57 NE 68<sup>th</sup> Street Miami, FL 33138

Barbra Mitchell 409 East Gains St Tallahassee, FL 32399

Dear Mrs. Mitchell

I recently spoke to you regarding a fictitious that I file on 1/20 and 1/21 "54<sup>th</sup> street wireless" and I would like to make a LLC corporation and apply the fees of the fictitious to cover the application fee for the LLC of \$180.00. Thank you in advance for services in correcting this matter. Should you have any question please feel free to contact at 305-218-6744 or via email: <a href="mailto:james@royallifeinc.com">james@royallifeinc.com</a>. Once again thank you.

Sincerely,

James Joseph

# TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 54th Street Wireless LLC. (Name of Limited Liability Company)	05 F
The enclosed Articles of Organization and fee(s) are submitted for filing.	<u>.</u>
Please return all correspondence concerning this matter to the following:	···
James Joseph (Name of Person)	05 FEB-1 AMI1: 00
Royal Life Enterorise Inc. (Firm/Company)	
P. 0. 370623 (Address)	
Miami, FL 33137 (City/State and Zip Code)	
For further information concerning this matter, please call:	
James Joseph at (305) 218-6744  (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
☐ \$125.00 Filing Fee & Certificate of Status  ☐ \$130.00 Filing Fee & Certified Copy (additional copy is enclosed)  ☐ \$160.00 Filing Certified Copy (additional copy is enclosed)	us &

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

RTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY CO	OMPA	NY
ARTICLE I - Name: The name of the Limited Liability Company is:		05 FEB	SECRETA DIVISION D
54th Street Klineless L	Lc.	<u>-</u>	KRY OF
ARTICLE II - Address: The mailing address and street address of the principle.	incipal office of the Limited Liability C	Compan	ORATIONS
Principal Office Address:	Mailing Address:		
1 NW 54th St Micros, FC 33137	P.O. Box 370623 Hismi, 126 33137	<del></del>	
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signat	ure:	
The name and the Florida street address of the re	egistered agent are:		

7 UE (8th 5t Florida street address (P.O. Box NOT acceptable)

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.,

egistered Agent's Signature

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
HGR	James Joseph 57 HE 68# St Micmi, FC 33/38
HGRN	Harie Joseph 57 NE 68thst Miami, FL 3313B
,	
(Use attachment if necessary)	

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

REQUIRED SIGNATURE:

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.)

James Joseph
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)