

605000034471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

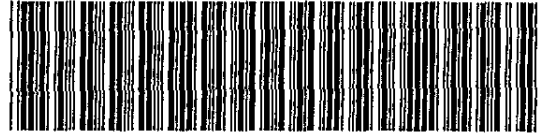
(Business Entity Name)

(Document Number)

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W05-8347  
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SK

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ROYAL INVESTMENT GROUP, 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:

Mr. Christopher N. Edwards  
(Name of Person)

ROYAL INVESTMENT GROUP, LLC  
(Firm/Company)

P.O. BOX 381961  
(Address)

Miami, Florida 33238-1961  
(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher N. Edwards at ( 786 ) 351-1910  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|---|---|--|

**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

SECTION OF STATE  
TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

ROYAL INVESTMENT GROUP, LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

4920 N W 182nd Street  
Miami, Florida 33055

#### Mailing Address:

P.O. Box 381961  
Miami, Florida 33238-1961

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

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

Mr. Christopher N. Edwards

Name

4920 N W 182nd Street

Florida street address (P.O. Box **NOT** acceptable)

Miami, FL 33055

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, F.S..*

  
Registered Agent's Signature

SECRET  
OFFICE OF THE  
CLERK OF THE  
COURT  
STATE OF  
FLORIDA

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(CONTINUED)

**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:**

"MGR"

Mr. Willie J. Gant, II

4920 N W 182 nd Street

Miami, Florida 33055

PRESIDENT

Mr. Christopher N. Edwards

P.O. Box 381961

Miami, Florida 33238-1961

Secretary

Mr. Robert Hankerson, II

P.O. Box 381961

Miami, Florida 33238-1961

Mr. Willie J. Gant, III

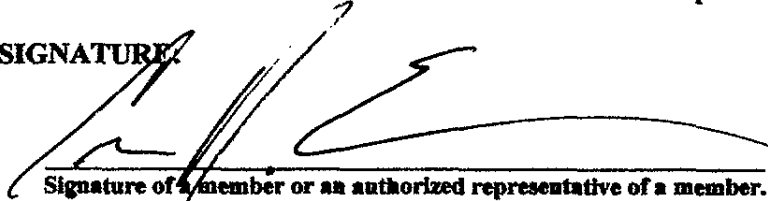
4920 N W 182 nd Street

Miami, Florida 33055

(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.)

Mr. Christopher N. Edwards

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)

FILED  
05 APR -6 PM 1:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA