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To:

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Fax Number

: (850)205-0383

From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

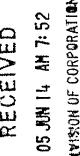
Account Number: 072450003255

Phone

: (305)634-3694

Fax Number

: (305)633-9696



LIMITED LIABILITY COMPANY

ROYAL BEAT, LLC

Certificate of Status 0 Certified Copy 1 Page Count 03

Estimated Charge \$155.00

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ARTICLES OF ORGANIZATION OF

A Florida Limited Liability Company

ARTICLE I-NAME

The name of the Limited Liability Company is:

ROYAL BEAT LLC

ARTICLE II-ADDRESS:

The mailing address and street address of the principle office of the Limited Liability company is:

PRINCIPAL OFFICE ADDRESS:

MAILING ADDRESS:

2223 MADISON ST APT 5 HOLLYWOOD FL 33020

2223 MADISON ST APT 5 HOLLYWOOD FL 33020

ARTICLE III- REGISTERED AGENT, REGISTERED OFFICE, REGISTERED AGENT'S SIGNATURE:
The name and the Florida street address of the registered agent are:

MICHIQUE, ANIBAL F

2223 MADISON ST APT 5
FLORIDA STREET ADDRESS(P.O BOX NOT ACCEPTABLE)

HOLLYWOOD FL 33020 CITY, STATE, AND ZIP

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS 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 PURTHERAGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFOMANCE 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 SIGNATURE

H05000146309

ARTICLE IV-MANAGEMENT/MEMBER The name(s) and address(es) of each N	(S): fanager or Managing Member is as follows:
Title:	Name and address:
MGR- Manager MGRM= Managing Member	
MGR= MICHIOUE, ANIBAL F , 222	23 MADISON ST APT 5 HOLLYWOOD FL 33020
MGR= RUSCELLI, MARIA J. 2223 M	ADISON ST APT 5 HOLLYWOOD FL 33020
MGR=	
	dded if an effective date is requested.
(Use attachment if necessary)	PH 12
NOTE: An additional article must be a	ided if an effective date is requested.
REQUIRED SIGNATURE:	in Ois as
SIGNATURE OF A MEMBER OF	AN AUTHORIZED REFERENTATIVE OF A MEMBER.

MICHIOUE, ANTRAL F
Typed or printed name of signor

(In accordance with section 608,448(3), Florida Statutes, the execution of this document constitutes an effirmation under the penalties of perjury that the facts stated herein are true.)

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