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	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
PICK-	UP WAIT MAIL
_	(Business Entity Name)
	(Document Number)
	Certificates of Status
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2005 AUG 29 P 1: 19
SECRETARY OF STATE

Date: August 16, 2005

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: THE ROYAL COURTSHIP, LLC

Name of Limited Liability Company

Gentlemen:

Enclosed please find the original and one copy of the Articles of Organization.

The payment represents the fees for filing and for a Certificate of Status.

Please send all correspondence concerning this matter to the address below. Thank you.

Very truly yours,

Serena Clodfelter

MAILING ADDRESS

5318 Marine Parkway New Port Richey, FL 34652

Seminole Form 215: Trans. Letter (7-90)

SECRETARY OF STATE

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE 1- Name:** 

The name of the Limited Liability Company is:

THE ROYAL COURTSHIP, LLC

**ARTICLE II- Address:** 

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

Principle Office Address:

Mailing Address:

5318 Marine Parkway New Port Richey, FL 34652 5318 Marine Parkway New Port Richey, FL 34652

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

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

Serena Clodfelter
53 18 Marine Parkway
New Port Richey, FL
34652

Having been named as registered agent and to accept service of process for the above state 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

(CONTINUED)

Page 1 of 2

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

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

Name and Address:

"MGR" – Manager

"MGRM" - Managing Member

**MGRM** 

Serena Clodfelter 5318 Marine Parkway New Port Richery

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.)

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)