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2005 AUG 30 P 2:16

SECRETARY OF STATE
FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

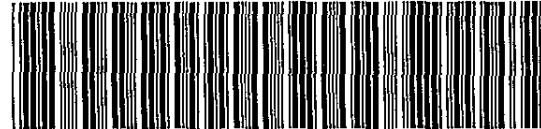
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**REGAL LAND LLC
1523 NW 89 COURT
DORAL, FL 33176
305-477-2320**

FILED
2005 AUG 30 P 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 24, 2005

TO: Registration Section

FROM : Adrienne Huxman
Bookkeeper

Attached are the Articles of Organization for Regal Land LLC, an additional Article V for the effective date of August 18, 2005 and a check in the amount of \$155.00.

Thank you for your attention to this matter.

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

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SUBJECT: REGAL LAND LLC
(Name of Limited Liability Company)

2005 AUG 30 P 2: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

MICHAEL L. KLEIN
(Name of Person)

(Firm/Company)

1523 NW. 89 COURT
(Address)

DORAL FL 33176
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL L. KLEIN at (305) 477-2320
(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 &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2005 AUG 30 P 2: 16

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGAL LAND LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1523 N.W. 89 CT
DORAL, FL 33176

1523 N.W. 89 COURT
DORAL, FL 33176

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

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

MICHAEL L. KLEIN
Name

1523 N.W. 89 CT
Florida street address (P.O. Box **NOT** acceptable)

DORAL FL 33176
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..

Michael L. Klein
Registered Agent's Signature

(CONTINUED)

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

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

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

2005 AUG 30 P. 2: 16

MGR


MICHAEL L. KLEIN
1523 N.W. 89th COURT
DORAL, FL 33176

(Use attachment if necessary)

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

(See attached)

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.)

MICHAEL L. KLEIN
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)

ARTICLE V- EFFECTIVE DATE

An effective date of August 18, 2005 is requested.