## L0000086368

(Requestor's Name)		
(Address)		
(Address)		
(C	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of Status	·
Special Instructions to Filing Officer:		

Office Use Only



400079273264

08/31/06--01019--012 \*\*125.00





## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: House of Royalty, L.L.C. (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:
Sylvia Stephenson
House of Royalty, L.L.C.
2206 SAN VITTORINO CIR. 26-10
KISSIMMEE, FL 3474 (City/State and Zip Code)
For further information concerning this matter, please call:
Sylvia Stephenson 352 209-9256 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee Status Status Status Status Status Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTaliahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
HOUSE OF ROYALTY, LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
2206 SAN VITTORIND CIR	2206 SAN VITTORING CIR
UNIT 26-101	UNIT 26-101
KKSIMMEE, FL 34741	KISSIMMEE, FL 34741

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

**ARTICLE I - Name:** 

Sylviu Stephenson

Name

2206 SAN VITTORIND CIR 26-101

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

KISSIMMEE FL 3474/

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 (REQUIRED)

(CONTINUED) Page 1 of 2 FILED

06 AUG 31 AH 8:57

SECRETARY OF STATE
AND ANASSEE, FLORIDA

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM (Use attachment if necessary) (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: \_ (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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)