

Florida Department of State **Division of Corporations** Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000267727 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)634-3694 Fax Number · : (305)633-9696

LORIDA/FOREIGN LIMITED LIABILITY CO.

## ROYEL PROPERTIES, LLC

Certificate of Status		0
Certified Copy	2. :	1
Page Count	" · · · · · · · · · · · · · · · · · · ·	03
Estimated Charge		\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

NOW - 6 2006

11/3/2006 10:30 AM 40-03-2006 11:09





# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

ROYEL PROPERTIES, LLC

#### ARTICLE I

The name of the Limited Liability Company shall: ROYEL PROPERTIES, LLC

#### ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

#### ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 10630 NW 37 TERRACE, DORAL, FL 33178.

#### ARTICLE IV

The name and the Florida street address of the registered agent: BELA FULOP, 10630 NW 37 TERRACE, DORAL, FL 33178.

#### ARTICLE V

The name of the Managing Member(s) shall be:

MANAGING MEMBER

**BELA FULOP** 

10630 NW 37 TERRACE DORAL, FLORIDA 33178

HM MOO 2 (577)



### ROYEL PROPERTIES, LLC

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

Registered Agent

Signature of a member of an authorization 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.)

BELA FULOP

Typed or printed name of signee

HD 000001077