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PICK-UP WAIT MAIL	
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TO:

Registration Section

Division	n of Corporations	
SUBJECT:	Royal Moving Systems LLC	
	(Name of Limited Liability Company)	
The enclosed Art	ticles of Organization and fee(s) are submitted for filing.	
Please return all	correspondence concerning this matter to the following:	
	SHARON ARATO	
	(Name of Person)	
	Royal moving Systems LLC (Firm/Company)	
	(Firm/Company)	
3!	542 olde Lanark drive	<u> </u>
	(Address)	38 · .
}	and 0 lakes th 34438	255 255
	(City/State and Zip Code)	
For further inform	mation concerning this matter, please call:	PI SIA
Marsha	SZYSZKA at (813) 333 4404 (Area Code & Daytime Telephone Number)	F
	(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a ch	heck for the following amount:	
\$125.00 Filing	g Fee \$\mathbb{Z}\\$130.00 Filing Fee &	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Royal Moving SYS+Ems 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:
3542 OLDE LANARK DRIVE 3542 OLDE LANARK DRIVE Land O Lakes FL LAND O LAKES FC 34638 34638
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:
SHARON ARATS 1 SE
Name Name
3542 OLDE LANACK DRIVE Florida street address (P.O. Box NOT acceptable) Land Olaks FL 34438 City, State, and Zip
Land Olaks 34638
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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mem	Name and Address:
MGR_	SHARON ARAD 3542 Olde Lanark drive Land O Lakes FL 34438
_MG_R	Marsha Szyszka 3542 Olde Lanark drive Land o lakes the 34638
(Use attachment if necessary	
TCLE V: Effective date, if other	than the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days prior
REQUIRED SIGNATURE	· •
	O7 AP

(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.)

SHARON ARATO
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)