

LO8 000029427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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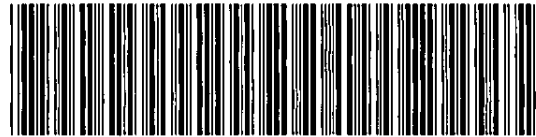
(Business Entity Name)

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DEPT. OF STATE  
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TALLAHASSEE, FLORIDA

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08 MAR 24 PM 12:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

MAR 24 2008

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 497222 7187167

AUTHORIZATION :

*[Handwritten Signature]*

COST LIMIT : \$ 125.00

**FILED**  
08 MAR 24 PM 12:31  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

ORDER DATE : March 21, 2008

ORDER TIME : 8:41 AM

ORDER NO. : 497222-005

CUSTOMER NO: 7187167

DOMESTIC FILING

NAME: ROYAL-PJ, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Royal-PJ, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

4613 North University Drive

Suite 183

Coral Springs, FL 33067

**Mailing Address:**

4613 North University Drive

Suite 183

Coral Springs, FL 33067

**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:

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FL 32301

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.*

Corporation Service Company

BY: Heather Chapman

Heather Chapman as its agent

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

Member MGRM

Patrick Joyce

92 Hutchinson Boulevard

Scarsdale, New York 10583

Member MGRM

Roy Sciacca

4613 North University Drive Suite 183

Coral Springs, FL 33067

Member MGRM

James Gomez

33 East 33rd Street, Suite 802

New York, New York 10016

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

**ROY SCIACCA**

Typed or printed name of signer

**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)