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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
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DIVISION OF CORPORATIONS
09 MAY 20 AM 10:46

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

ROYAL PALM STORES & APARTMENTS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

G. MCLEOD

MAY 21 2009

EXAMINER

③

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ROYAL PALM STORES & APARTMENTS, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

1800 NE 114 STREET
#2210
NORTH MIAMI, FLORIDA 33181

Mailing Address:

1800 NE 114 STREET
#2210
NORTH MIAMI, FLORIDA 33181

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:

LAURENCE FEINGOLD, ESQUIRE

Name

407 LINCOLN ROAD, SUITE# 708

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

MIAMI BEACH

FL

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.

Laurence Feingold
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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09 MAY 20 AM 10:46

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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:

"MGR"

MICHAEL SCHNEIDER
1800 NE 114 STREET - #2210
NORTH MIAMI, FLORIDA 33181

"MGRM"

SANDRA SCHNEIDER
1800 NE 114 STREET - #2210
NORTH MIAMI, FLORIDA 33181

(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.)

MICHAEL SCHNEIDER

Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 39.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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