L11000078726

(Red	questor's Name)	· · · · · · · · · · · · · · · · · · ·		
(Address)				
(Ada	dress)			
(City	//State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bus	siness Entity Nar	ne)		
(Doc	cument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to F	Filing Officer:			

Office Use Only



400209415284

07/07/11--01027--015 **125.00



D. BRUCE
JUL 0 8 2011

EXAMINER

COVER LETTER

	legistration Sec Division of Corp							
· SUBJECT	r: Royal N	larathon, LLC						
		Name of Limite	ed Liability Com	oany				
The enclos	sed Articles of O	rganization and fee(s) are	submitted for filit	ng.				
Please retu	ırn all correspon	dence concerning this matt	er to the following	ıg:				
Ja	ason Zieli	nski, Esq.						
			Name of Person					
Z	ielinski &	Associates, PA						
			Firm/Company					
8	00 E. Bro	ward Blvd. Suite	702					
			Address	· -				
Ē	ort Laudoro	alo El 33301						
<u> </u>	nt Laudert	ale, FL 33301	y/State and Zip Co	de		_ <u>}</u>	=	
izi	elinski@zie	linski-associates.c	•				يے	#Pc
<u> </u>	-	E-mail address: (to be used		port notification)		AS	_ 	14.
For furthe	r information co	ncerning this matter, please	e call:			SEE Y	7	
						7.0		1
Jason 2	Zielinski, Es	iq.	_ at (954	_) <u>524-6131</u>		807. V1S	₩	,
	Name of	Person	Area Co	de & Daytime Telep	ohone Number	NON TE	2	
Enclosed	is a check for	he following amount:						
▼\$ 125.00 F	iling Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fil Certified C (additional co		\$160.00 Fill Certificate of Certified Co (additional co	of Status opy	&	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Divisio Clifton	Courier Address ation Section in of Corporations Building xecutive Center C				

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICL.	ΕI	- N	a	me:	
The	- C	41	1		

The name of the Limited Liability Company is:

Royal Marathon, 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:

Mailing Address:

218 Hampton CIRCLE
Jupiter, FL 33458

218 Hampton CiarLE Jupiter, FL 33458

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:

Jason Zielinski, Esq.

Name

800 E. Broward Blvd. Suite 702

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

Fort Lauderdale

FL 33301

City, State, and Zip

TALLAHASSEE, FLORIDA

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..

Rogiștered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Gregory Zielinski 218 Hampton C.c./c Jupiter, FL 33458
	,
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary) FICLE V: Effective date, if other than the effective date is listed, the date must	he date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
r 90 days after the date of filing.) REQUIRED SIGNATURE:	iacere
Signature of a mem	Iber or an authorized representative of a member.
(In accordance with section of constitutes an affirmation un I am aware that any false info	508.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. Sometiment of the Department of State only as provided for in s.817.155, F.S.)
	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)