Division of Corporations Electronic Filing Cover Sheet

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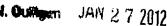
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## FLORIDA LIMITED LIABILITY CO. ROYAL MOUNTAIN, LLC

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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

(Must end with the words "Limite	d Liability Company, "L.L.C.," or "LI.C.")	
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Company is	s:
Principal Office Address:	Mailing Address:	
2087 PASA VERDE LN WESTON, FL 33327	2087 PASA VERDE LN WESTON, FL 33327	
ARTICLE III - Registered Agent, Registered Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of	stered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another  The registered agent are:	
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)	Registered Agent. You must designate an individual or another	<u></u>
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)  The name and the Florida street address o  JOSE A. FIGUE  2087 PASA	Registered Agent. You must designate an individual or another  The registered agent are:  RA  Name  VERDE IN	FILED

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 Member	Name and Address:
MGRM	AMPARO DE FIGUERA
14101111	2087 PASA VERDE LN
	WESTON, FL 33327
MGRM	EDGAR J. FIGUERA
	2087 PASA VERDE LN
	WESTON, FL 33327
(Use attachment if necessary)	e data of filing: (OPTIONA)
LE V: Effective date, if other than the ffective date is listed, the date must l	e date of filing:  be specific and cannot be more than five business days
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