

W12000042123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

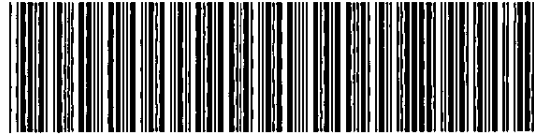
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W12000015570

Office Use Only



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03/16/12--01004--004 \*\*155.00

RECEIVED  
12 MAR 16 AM 10:58  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

FILED  
12 MAR 26 AM 9:24  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
MAR 27 2012  
EXAMINER



RECEIVED  
DEPARTMENT OF STATE

12 MAR 26 AM 11:28

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 19, 2012

LAZARUS

SUBJECT: ROYAL PARTNERS IMPROVEMENTS LLC  
Ref. Number: W12000015570

This will acknowledge receipt of your name reservation request. However, your request has not been granted and is being returned for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 412A00009596

CLERK OF STATE  
TALLAHASSEE, FLORIDA

12 MAR 26 AM 9:24

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# LAZARUS

## CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Royal PARTNERS IMPROVEMENTS LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

2.06

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

### NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☒ Limited Liability
- ☐ Domestication
- ☐ Other

### AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

### OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

### REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

12 MAR 26 AM 9:24  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED

Examiner's Initials

March 23, 2012

**Florida Department of State**

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of ROYAL PARTNERS IMPROVEMENTS,  
of Doc # L05000082530 are the same owners of the attached L.L.C.  
articles of incorporation. We have dissolved the company and have no intention  
of reopening it. Thank you for your help in this matter.

Very sincerely,

Alexander Luk

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12 MAR 26 AM 9:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ROYAL PARTNERS IMPROVEMENTS  
(Must end with the words "Limited Liability Company," "LLC," or "LLC.")  
LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

13801 NW 2 AVE  
MIAMI FL 33168

**Mailing Address:**

13801 NW 2 AVE  
MIAMI FL 33138

**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:

ALEKSANDER LUIK  
Name

13801 NW 2nd AVE  
Florida street address (P.O. Box **NOT** acceptable)  
MIAMI FL 33168  
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.

Aleksander Luik  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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12 MAR 26 AM 9:24  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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:

MGRM

ALEKSANDER LUIK  
13801 NW 2nd AVE  
MIAMI FL 33168

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(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:**

Aleksander Luik

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

ALEKSANDER LUIK

Typed or printed name of signer

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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