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(Re	questor's Name)	
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DIVISION OF COMPORATIONS

OCT 2 6 2012

T. HAMPTON

COVER LETTER

Division of C			
SUBJECT: 7370	Royal Palm Dr, L	LC	
		ed Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this matt	ter to the following:	
Clifford L	_ Roe		
		Name of Person	
		F: /0	
		Firm/Company	
14263 86	6th Ter	Address	
		Addiess	
Seminole,		y/State and Zip Code	
Seminole3	86@yahoo.com	, same and 2, p coar	
		or future annual report notification)	
For further information	concerning this matter, please	e call:	
Clifford L Roe		at (727) 644-7209	
Name	e of Person	Area Code & Daytime Telephone Number	
Enclosed is a check t	for the following amount:		
√ \$125.00 Filing Fee [\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fe Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	ıs &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	ICI	LE I	- N	lame:
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The name of the Limited Liability Company is:

7370 Royal Palm Dr, 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:

······································
Michael Thompson II
12419 Jewel Stone Land
Fort Myers, FL 33914 33914

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:

Clifford L	Roe
	Name
14263 8	36th Ter
	Florida street address (P.O. Box NOT acceptable)
Seminole	_{FL} 33775
	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.

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:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:	
WORW - Managing Member		
MGR	Clifford L Roe	
	14263 86th Ter	
	Seminole, FL 33776	
MGRM	Michael Thompson II PA	
	12419 Jewel Stone Lane	
	Fort Myers, FL 33914	
	<u></u>	
(Use attachment if necessary)	the data of filing: (OPTION)	ΛT
CLE V: Effective date, if other than t	the date of filing: (OPTIONAte the specific and cannot be more than five business day	
CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	t be specific and cannot be more than five business day	
CLE V: Effective date, if other than to effective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:		
CLE V: Effective date, if other than to effective date is listed, the date must 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a men (In accordance with section of constitutes an affirmation und I am aware that any false information of the constitutes are affirmation und I am aware that any false information.	t be specific and cannot be more than five business day	
CLE V: Effective date, if other than to effective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a ment of a ment of the date of filing and the date of filing.	nber or an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)	
CLE V: Effective date, if other than to effective date is listed, the date must 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a men (In accordance with section of constitutes an affirmation und I am aware that any false information constitutes a third degree fell Clifford L Ro	nber or an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)	

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)