

L14000040036

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6383

From: CARRIE RAMOS, PARALEGAL PLEASE FAX CONFIRMATION TO 407 244-5690
Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407) 843-8880
Fax Number : (407) 244-5690

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
14 MAR 10 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
Royal Oak Homebuilding, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

14 MAR 10 PM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I
Name

The name of this Limited Liability Company is:

Royal Oak Homebuilding, LLC

ARTICLE II
Address

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

2420 South Lakemont Avenue
Suite 450
Orlando, Florida 32814

ARTICLE III
Management

This Limited Liability Company is to be managed by one or more members.

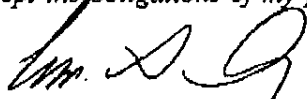
ARTICLE IV
Registered Agent, Registered Office & Registered Agent's Signature

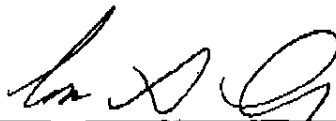
The name and the Florida street address of the initial Registered Agent of this Limited Liability Company is:

William S. Orosz, Jr.
2420 South Lakemont Avenue
Suite 450
Orlando, FL 32814

14 MAR 10 AM 8:15
STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, I hereby accept this appointment and agree to serve this Limited Liability Company in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performs of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.



REGISTERED AGENT'S SIGNATURE

AUTHORIZED REPRESENTATIVE'S SIGNATURE

(In accordance with section 605.0203(1)(b), 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.)

WILLIAM S. OROSZ, JR., AUTHORIZED REPRESENTATIVE
Type or printed name of signee

14 APR 10 AM 9:15
STATE OF FLORIDA
TALLAHASSEE