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### **COVER LETTER**

## TO: Registration Section Division of Corporations

SUBJECT: Royal Carriage Transportation LLC Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	Jame.	S PICER Name of Person			
<del></del>	<u>1</u> +1	Transportation Firm/Company			
	508 Coloni	Address		<u>-</u>	·
	Nokonis FLA	<u>3-1275</u> City/State and Zip Code	·······	2011 MAY 27	
For further informatic	E-mail address: (to be use on concerning this matter, ple	d for future annual report notific	ation)	<u>en</u>	
JAMES S Nar	PILGR at (at (_at (	······································	311 Elephone Number	PH 4:46	Teres and
Enclosed is a check for	or the following amount:				
\$125.00 Filing Fee	Status Certificate of Status	Standard Copy Certified Copy (additional copy is enclosed)	S160.00 Filin Certificate o Certified Co (additional cop	of Status &	
. Ma	iling Address	Street/Courier Add	Tecc		

Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314 Street/Courier Address

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tailahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE 1 - Name:**

The name of the Limited Liability Company is:

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

# ARTICLE II - Address:

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

<b>Principa</b>	l Office A	<u>idress:</u>

Mailing Address:

509 B COLONIA LN UPIT 1	508 Colonia LN
Nakomis, FL 34275	Nakoni, FL 34275

### 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:

Jomes Spicer	Sec.	27	ſ
Name		P	
908 MANGrove Rd	Щ. George	Ť.	Cucanor Sector
Florida street address (P.O. Box <u>NOT</u> acceptable)		-f-6	A BORD
Venue FL 34293		01	
City 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 605, F.S. Registered Agent's Signature (REQUIRED) (CONTINUED)

Page 1 of 2

# ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

(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.)	<u>Title:</u>	Name and Address:
Presidest       Tomes Spice         906 MAPG row Rd       Querter, Rd         Vis Presidest       Tele Spice         Vis Presidest       Gla Birshow, DE S. 004 101         Vis Presidest       Gla Birshow, DE S. 004 101         Vis estachment if necessary)       (Use attachment if necessary)         ARTICLE V: Effective date, if other than the date of filing:		
905 MAP & row R         View President         Jelv SPrice         632 Bira brow DR S. BPA 101         View RE 30/3285         (Use attachment if necessary)         ARTICLE V: Effective date, if other than the date of filing:		
Vis President       Jich SPricke         Vis President       Jich SPricke         632       Burdhar, DR. C. 1994 101         Vin ce, EL. 343285       Vin ce, EL. 343285         (Use attachment if necessary)       (Use attachment if necessary)         ARTICLE V: Effective date, if other than the date of filing:	President	
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\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Page 2 of 2