

L140 00/30922

(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:

Office Use Only



000263340450

08/20/14--01017--019 **125.00

14 AUG 20 AM 9:23
RECEIVED
FEB 11 2014



ROBIN LLOYD & ASSOCIATES, P.A.

ATTORNEYS AND COUNSELORS

ROBIN A. LLOYD, SR., J.D.

BECKETT C. HORNER, J.D.

August 19, 2014

VIA FEDERAL EXPRESS

Division of Corporations
Registration Section
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Articles of Organization for 12 Royal Palm Pointe, LLC

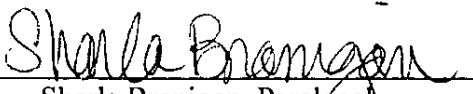
To Whom It May Concern,

Enclosed please find the Articles of Organization for the aforementioned LLC along with a check in the amount of \$125.00 representing the filing fee.

We ask that you please process this as quickly as possible. Should you have any questions or need anything further, please contact our office.

Kindest Regards,

ROBIN LLOYD & ASSOCIATES, P.A.

By: 
Sharla Branigan, Paralegal

Enclosure

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 12 Royal Palm Pointe, 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:

Robin A. Lloyd, Sr.
Name of Person

Robin Lloyd & Associates, P.A.
Firm/Company

5089 Highway A1A Suite 100
Address

Vero Beach, Florida 32963
City/State and Zip Code

RLloyd@rlloydlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robin A. Lloyd, Sr. at (772) 234-5500
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

12 Royal Palm Pointe, 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:

Principal Office Address:

Mailing Address:

Robin Lloyd & Associates, P.A.

Robin Lloyd & Associates, P.A.

5089 Highway A1A Suite 100

5089 Highway A1A Suite 100

Vero Beach, Florida 32963

Vero Beach, Florida 32963

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:

Robin A. Lloyd, Sr.

Name

5089 Highway A1A Suite 100

Florida street address (P.O. Box **NOT** acceptable)

Vero Beach

FL 32963

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 603, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

14 AUG 20 AM 9:23
FILED IN ASSISTANT CLERK
JAN 06

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

BRUCE MACINTYRE, as Trustee of the
Bruce MacIntyre Trust, under agreement dated
January 29th, 2001

12 Royal Palm Pointe
Vero Beach, Florida 32963

AMBR

BRUCE E. MACINTYRE as Trustee of the
Jacqueline S. MacIntyre Trust, under
agreement dated January 29th, 2001

12 Royal Palm Pointe
Vero Beach, Florida 32963


(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

 TTEE

Signature of a member or an authorized representative of a member.

(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.)

Bruce E. MacIntyre

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

14 AUG 20 AM 9:23