

L 14000136788

(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:

CORRECTION TO EFF. DATE PER
CONVERSATION WITH
ANDREA FERREIRA
9/2/2014 KS

Office Use Only



900263382869

EFFECTIVE DATE
8-25-2014

900263382869
08/25/14--01012--010 **130.00

FILED
2014 AUG 25 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

SEP - 2 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ROYALE CONSTRUCTION GROUP, 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:

ANDREA FERREIRA

Name of Person

ASSURED ACCOUNTING AND TAX SERVICES

Firm/Company

400 E. ATLANTIC BLVD STE D

Address

POMPANO BEACH, FL 33060

City/State and Zip Code

CONTACT@ASSUREDTAXES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREA FERREIRA at (954) 793-0353

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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:

EFFECTIVE DATE
8-25-2014

ROYALE CONSTRUCTION GROUP, 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:

3651 WOLF RUN LANE
BOYNTON BEACH, FL 33435
US

3651 WOLF RUN LANE
BOYNTON BEACH, FL 33435
US

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

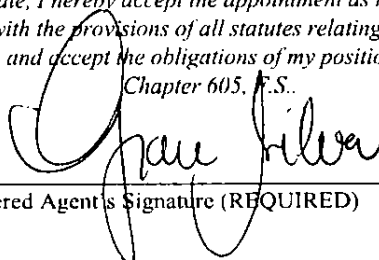
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

GRACE SILVA
Name
3651 WOLF RUN LANE
Florida street address (P.O. Box NOT acceptable)
BOYNTON BEACH FL 33435
City Zip

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TALLAHASSEE, FLORIDA

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)

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:

JAMES ALAN CEREDÉ

ALAMEDA RIO BRANCO, 919 APT 503

BLUMENAU, SC, 89010-300 - BRAZIL

AMBR

CELIO MARTINS

ALAMEDA RIO BRANCO, 900 APT 301

BLUMENAU, SC 89010-300 - BRAZIL

AMBR

JANDIRA BETT MARTINS

ALAMEDA RIO BRANCO, 900 APT 301

BLUMENAU, SC 89010-300 - BRAZIL

AMBR

SERGIO ROBERTO ROCHA

RUA 1800 NUMERO 97 APT 102

BALNEARIO CABORIU, SC 88330-508-BRAZIL

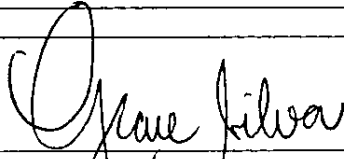
(Use attachment if necessary) (SEE ATTACHMENT)

ARTICLE V: Effective date, if other than the date of filing: 08/25/2014 (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:



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.)

GRACE SILVA

Typed or printed name of signee

2014 AUG 25 PM 4:16
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV – Continuation

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

Title:

Name and Address:

AMBR

CELIA MARTINS ROCHA

RUA 1800 NUMERO 97 APT 102

BALNEARIO CABORIU, SC 88330-508

BRAZIL

AMBR

BRUNO PELLEGRINO ROJTENBERG

RUA PRUDENTE DE MORAES, 1853

APT 201, RIO DE JANEIRO, RJ 22420-043

BRAZIL

AMBR

BARBARA MARIAH ROJTENBERG

RUA PRUDENTE DE MORAES, 1853

APT 201, RIO DE JANEIRO, RJ 22420-043

BRAZIL

AMBR

GRACE SILVA

3651 WOLF RUN LANE

BOYNTON BEACH, FL 33435 - US

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2014 AUG 25 PM 4:16
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA