questor's Name)	
dress)	
dress)	
y/State/Zip/Phone	e #)
WAIT	MAIL
siness Entity Nar	me)
cument Number)	
_ Certificates	s of Status
Filing Officer:	
	dress) dress) y/State/Zip/Phone WAIT siness Entity Nar cument Number) Certificates

Office Use Only



700268708847

02/10/15--01025--020 **160.00

THE SECULAR AND THE SECURAR AN

FEB 1 8 2015
S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Royal City Matketing 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: Aidan Shanahan Name of Person
Firm/Company
135 E. Chilton Dr #10/30 3
Chancle A7 85225
City/State and Zin Code City/State and Zin Code General Com F-mail address: (to be used for future annual center notification)
For further information concerning this matter, please call:
Andres Deal at 803, 603-4580 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\Bigsim \frac{1}{2} \\$125.00 \text{ Filing Fee} \text{ Fee} \text{ Certificate of Status} \text{ S155.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)}} \$\text{ \$\t

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPA	MAI
ARTICLE I - Name: The name of the Limited Liability Company is:	
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC	<u>-</u> D.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company	/ is:
Principal Office Address: 14802 Dale Matby Hwy Tampa FL 33618 Tampa FL 336	arby Hwy
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate another business entity with an active Florida registration.)	e an individual or
The name and the Florida street address of the registered agent are: ANCICES OCCU Name 14802 Oale Marby Hwy Florida street address (P.O. Box NOT acceptable) Tampa FL 33614	
City Zip Having been named as registered agent and to accept service of process for the above stated lin the place designated in this certificate, I hereby accept the appointment as registered agent a capacity. I further agree to comply with the provisions of all statutes relating to the proper an of my duties, and I am familiar with and accept the obligations of my position as registered a Chapter 605, F.S Registered Agent's Signature (REQUIRED)	and agree to act in this d complete performance
(CONTINUED)	TAR S
Page 1 of 2	FILED

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: Andress Ocal 14802 bale Mabry 14802 FL 33618	Hwy	_ _ _	
			- 	
			<u> </u>	
				
(Use attachment if necessary)				
e date of filing.) RTICLE VI: Other provisions, if any.				
REQUIRED SIGNATURE:	Dul			
(In accordance with section 605.02) constitutes an affirmation under the	r or an authorized representative of a memb 03 (1) (b). Florida Statutes, the execution of thi penalties of perjury that the facts stated herein on submitted in a document to the Department of provided for in s.817.155. F.S.)	is docume: are true.	nt	
TYUXXC	ped or printed name of signee	<u> </u>	3	
\$125.00 Filing Fee for Articles of Organiz \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	Filing Fees: zation and Designation of Registered Agent	CRETAGE OF	FEB 10 FH	Ti
	Page 2 of 2		45	**************************************

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