

L150000053611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

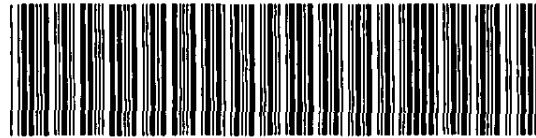
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DIVISION OF CORPORATE AFFAIRS

15 MAR 26 PM 2:46

NO. INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

APPROVED
AND
FILED

15 MAR 26 PM 2:51

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATE AFFAIRS

MAR 26 2015

F. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REGAL DEVELOPMENTS, 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:

DESORAE Giles-Smith

Name of Person

Firm/Company

1740 NW 3rd Court

Address

FORT LAUDERDALE, FL 33311

City/State and Zip Code

desoraegs@gmail.com

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

For further information concerning this matter, please call:

Desorae Giles-Smith at (954) 336-1551
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

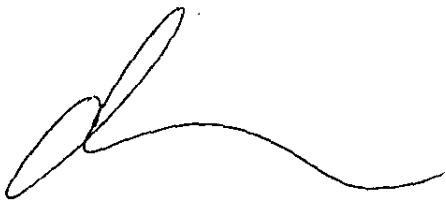
- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

3-26-15

I Desorae Giles-Smith is the same principal of Regal Development, Inc. I give permission to Desorae Giles-Smith to use the Name for the formation of Regal Developments, LLC.

A handwritten signature in black ink, appearing to be 'Desorae Giles-Smith', with a stylized, flowing script.

Desorae Giles-Smith

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

REGAL DEVELOPMENTS, 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:

1740 NW 3rd Court
Fort Lauderdale, FL 33311

SAME

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:

Desorae Giles-Smith
Name

1740 NW 3rd Court
Florida street address (P.O. Box NOT acceptable)

Fort Lauderdale, FL 33311
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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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FLORIDA
SECRETARY OF STATE

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

Desorae Giles-Smith,
Manager

1740 NW 3rd Ct
Fort Lauderdale, FL 33311

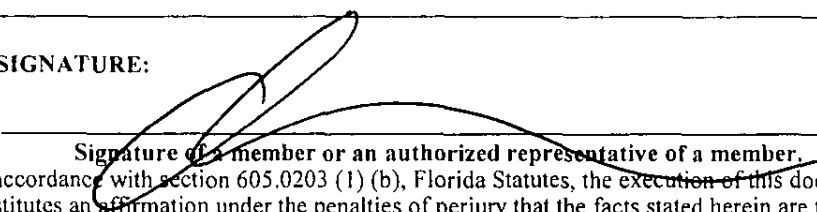
(Use attachment if necessary)

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:


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.)

DESORAE GILES-SMITH

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)