# L 6000013950

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

W16000 18904

APR 18 2016

T. SCOTT



500282754725

03/03/16--01019--029 \*\*125.00

16 APR | 2 PM |: 50



March 14, 2016

MONICA WILLIAMS P.O. BOX 4727 TAMPA, FL 33677

SUBJECT: ROYAL HOME UPGRADE LLC

Ref. Number: W16000018906

We have received your document for ROYAL HOME UPGRADE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Principal place of business must be a street address.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 116A00005221

Tyrone Scott Regulatory Specialist II

www.sunbiz.org

Ref# W16000018900

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ROUGH HOWE DOWN 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:
Monico Williams Name of Person
Payal Home Upgrade LLC
P.O. Box 4727 Address
City/State and Zip Code  **COUCH COUCH COUCH COMMITTED  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Manual Concerning this matter, prease can:  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$\int_{125.00}\$ \text{Filing Fee} \text{ \$\int_{130.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)}}  \$\int_{125.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)}}  \$\int_{125.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)}}  \$\int_{125.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)}}  \$\int_{125.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)}}  \$\int_{125.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)}}  \$\int_{125.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)}}  \$\int_{125.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)}}  \$\int_{125.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)}

# **Mailing Address**

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

# Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

1016000018706

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

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:** 

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:

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

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

Rot #10/10000/8900

itle: AMBR" = Authorized Member	Name and Address:
MGR" = Manager AMBR	MONTO Williams TOWNER FL 33602
<u>rmbr</u>	Poda I Williams 401 & 7th Ave Apt #980 Empate 33002
·	
Jse attachment if necessary)	
V: Effective date, if other than the date tive date is listed, the date must be sp filing.)	of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 days a
V: Effective date, if other than the date tive date is listed, the date must be sp filing.)	ecific and cannot be more than five business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be list
V: Effective date, if other than the date tive date is listed, the date must be sp filing.) be date inserted in this block does not rent's effective date on the Department	ecific and cannot be more than five business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be list
V: Effective date, if other than the date tive date is listed, the date must be sp filing.) be date inserted in this block does not rent's effective date on the Department	ecific and cannot be more than five business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be list
V: Effective date, if other than the date tive date is listed, the date must be sp filing.)  are date inserted in this block does not rent's effective date on the Department  VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature of a me This document is executed am aware that any false.	ecific and cannot be more than five business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be list
V: Effective date, if other than the date tive date is listed, the date must be sp filing.)  are date inserted in this block does not rent's effective date on the Department  VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature of a me This document is executed am aware that any false.	ember or an authorized representative of a member.  ted in accordance with section 605.0203 (1) (b), Florida Statutes.  einformation submitted in a document to the Department of State
fective date, if other than the date te is listed, the date must be sp inserted in this block does not refective date on the Department her provisions, if any.  Signature of a me This document is execut I am aware that any false	ember or an authorized represented in accordance with section 60 to information submitted in a document fellow as provided for in s.817.1

ARTICLE IV-