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3458 Lakeshore Drive
Tallahassee, Florida 32312

(850) 656-4724

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Date: 7/13/16

ENTITY NAME:

REGAL PROPERTY MANAGEMENT LLC

****PLEASE FILE THE ATTACHED AND RETURN:****

8 Plain Copy
____ Certified Copy

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:****

Document Number: _____

____ Certified Copy of Arts & Amendments

____ Certificate of Good Standing

****APOSTILLE/NOTARIAL CERTIFICATION:****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL AMOUNT OWED: 125.00

CHECK NUMBER: 2673

PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

Tina Goff, President

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16 JUL 13 AM 9:11
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

16 JUL 13 AM 9:11

SECRETARY OF STATE
ALBANY, FLORIDA

ARTICLE I NAME

The name of the Limited Liability Company is:

REGAL PROPERTY MANAGEMENT LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

3020 MARTA CIRCLE #305

KISSIMMEE, FLORIDA 34741

ARTICLE III REGISTERED AGENT

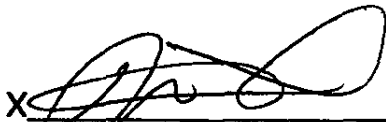
The name and the Florida street address of the registered agent are:

VANESSA LAGUARDIA

3020 MARTA CIRCLE #305

KISSIMMEE, FLORIDA 34741

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.

X 

VANESSA LAGUARDIA / Registered Agent's signature

ARTICLE IV

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

AUTHORIZED MEMBER

VANESSA LAGUARDIA

3020 MARTA CIRCLE #305

KISSIMMEE, FLORIDA 34741

.....

X 

VANESSA LAGUARDIA / Authorized Representative's signature

(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.)

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