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COVER LETTER

TO: New Filing Section Division of Corporations	· · · · · · · · · · · · · · · · · · ·
SUBJECT: Royal ty Homemon Name of Limited Liabil	ker and companion services ty Company LLC
The enclosed Articles of Organization and fee(s) are submitted	for filing.
'Please return all correspondence concerning this matter to the	ollowing:
Natalie Matthew	
102 North Ad	ams Street Ste #4
Quincy Fl	32351 ress
Runcy Florida City/State as Notatic Matthews E-mail address: (to be used for future	5 30 exyappo. CDM
For further information concerning this matter, please call:	
Natale Matthews Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
	00 Filing Fee & S160.00 Filing Fee, Gertificate of Status & 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

state white of a

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

					me:
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The name of the Limited Liability Company is:

Royalty Homengker and Companion Services

(Must contain the words "Limited Liability Company, "L.L.C." or "L.L.C.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:	
Natalie Mattheus	Tale willie Ruth williams Lave	
LE III - Registered Agent, Registered Office, & Registe	ered Agent's Signature:	

ARTIC (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)

QUINC

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.

(CONTINUED)

White takes to be

	The name and address of each person authority	orized to manage and control the Limited Liability Company:		
Title: "AMBR" = Authorized Member	Name and Address:			
	"MGR" = Manager	Matrile Matthews 136 wille Buth wo	ill ioms	S Len
	······································			
	(Use attachment if necessary)			
(If an e the dat Note:	effective date is listed, the date must be specie of filing.) If the date inserted in this block does not mecument's effective date on the Department of	f filing:		SSETTAL KLARVIK .
ARTIC	CLE VI: Other provisions, if any.			THE WASTERNA
			·	
	REQUIRED SIGNATURE:	ing after .		
	This document is execute	nber or an authorized representative of a member. Id in accordance with section 605.0203 (1) (b). Florida Statutes, information submitted in a document to the Department of State.	2018	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

y MATE HARA