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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

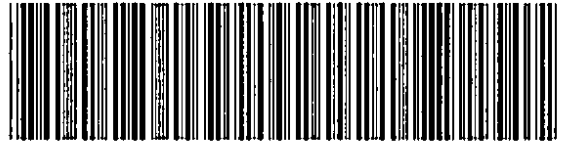
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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JUL 20 2020

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Royfran Investments LLC

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

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Signature _____

Requested by: SETH _____
Name _____ Date 07/16/20 Time _____

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**ARTICLES OF ORGANIZATION FOR
ROYFRAN INVESTMENTS LLC**

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I – NAME:

The name of the Limited Liability Company is: ROYFRAN INVESTMENTS LLC

ARTICLE II – ADDRESS:

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

Principal Office Address:

88 Terracina Avenue
Golden Beach, Florida 33160

Mailing Address:

88 Terracina Avenue
Golden Beach, Florida 33160

ARTICLE III – REGISTERED AGENT:

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

Ruz & Ruz PL
7355 SW 87 Ave
Suite 200
Miami, FL 33173

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

ARTICLE IV – AUTHORIZED PERSONS:

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

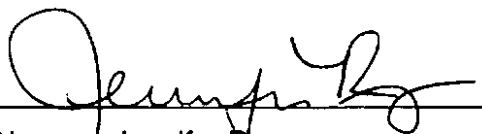
<u>Title</u>	<u>Name & Address</u>
MGR	Fayad Roye 88 Terracina Avenue Golden Beach, Florida 33160

ARTICLE V – EFFECTIVE DATE:

The effective date of these Articles of Organization is the date of filing.

REQUIRED SIGNATURE:

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.



Name: Jennifer Ruz

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