

L20000198815

(Requestor's Name)

(Address)

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PICK-UP WAIT MAIL

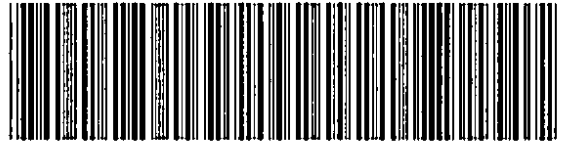
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
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:

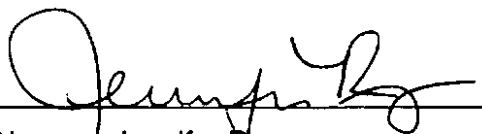
<u>Title</u>	<u>Name & Address</u>
MGR	Fayad Roye 88 Terracina Avenue Golden Beach, Florida 33160

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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TALLAHASSEE, FL

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