## L20000353573

| (                                       | (Requestor's Name)       |  |  |  |  |
|---|--------------------------|--|--|--|--|
|   | (Address)                |  |  |  |  |
|   | (Address)                |  |  |  |  |
|   | (City/State/Zip/Phone #) |  |  |  |  |
| PCK-UP                                  | WAIT MAIL                |  |  |  |  |
|   | (Business Entity Name)   |  |  |  |  |
| (Document Number)                       |                          |  |  |  |  |
| Certified Copies                        | Certificates of Status   |  |  |  |  |
| Special Instructions to Filing Officer. |                          |  |  |  |  |
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DIVISION OF CORPORATIONS

DIVISION OF CORPORATIONS

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## COVER LETTER

| TO: New Filin<br>Division o | g Section<br>F Corporations  |
|-----------------------------|--|
| ROY                         | AL ROUNDS TRANSPORT LLC  |
| SUBJECT: 1501               | Name of Limited Liability Company  |
| The enclosed Articl         | es of Organization and fee(s) are submitted for filling.   |
| Please return all con       | respondence concerning this matter to the following:   |
|                             | VANESSA TORRES   |
|                             | Name of Person   |
|                             | ALL AMERICAN PERMITS LLC   |
|                             | Firm/Company   |
|                             | 6801 NW 77TH AVE SUITE 103   |
|                             | Address  |
|                             | MIAMI FL 33166   |
|                             | City/State and Zip Code  |
|                             | PERMITS2009@LIVE.COM  E-mail address: (to be used for future annual report notification)   |
|                             |  |
| For further information     | n concerning this matter, please call:   |
| VANE                        | SSA TORRES <u>a (305</u> , 501-4791  |
|                             | Name of Person Area Code Daytime Telephone Number  |
| Enclosed is a check         | for the following amount:  |
| ⊡\$125,00 Filing Fe         | e ☑S130.00 Filing Fee & ☐S155.00 Filing Fee & ☐S160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ROYAL ROUNDS TRANSPORT LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")   |  |   |  |             |                       |
|---|--|---|--|-------------|-----------------------|
| (Must con   | tain the words. Limited Clabit   | цу с отрану, - с.   | ,L.C., Of LLC. )                         |             |                       |
| RTICLE II - Address:<br>he mailing address and street (   | address of the principal office of   | of the Limited Lis  | ability Company is:                      |             |                       |
| <u>Princi</u>   | Principal Office Address:  |   | Mailing Addre                            | <u>ss</u> : |                       |
| 2720 WASHINGT   | ON DR  | 2720 WASHINGTON DR  |  |             |                       |
|   | FT LAUDERDALE FL 33311   |   | ET LAUDERDALF EL 33311                   |             |                       |
| ARTICLE III - Registered Ag<br>The Limited Liability Compan   | ent, Registered Office, & Re   | gistered Agent's  | Signature:                               | <del></del> |                       |
| ARTICLE III - Registered Ag<br>The Limited Liability Compan<br>mother business entity with an         | ent, Registered Office, & Re<br>y cannot serve as its own Regis<br>active Florida registration.)   | gistered Agent's<br>stered Agent, Yo  | Signature:                               | <del></del> | 2021                  |
| ARTICLE III - Registered Ag<br>The Limited Liability Compan<br>mother business entity with an         | gent, Registered Office, & Re<br>y cannot serve as its own Regis<br>active Florida registration.)<br>address of the registered agen                | gistered Agent's<br>stered Agent, Yo  | Signature:                               | <del></del> | 2020 NO               |
| ARTICLE III - Registered Ag<br>The Limited Liability Compan<br>mother business entity with an         | gent, Registered Office, & Re<br>y cannot serve as its own Regis<br>active Florida registration.)<br>address of the registered agen                | gistered Agent's<br>stered Agent, You<br>t are:   | Signature:                               | <del></del> | 2020 NOV 1.           |
| ARTICLE III - Registered Ag<br>The Limited Liability Compan<br>mother business entity with an         | gent, Registered Office, & Re<br>y cannot serve as its own Regis<br>active Florida registration.)<br>address of the registered agen                | gistered Agent's stered Agent. You are:   | s Signature:<br>u must designate an indi | <del></del> | 17                    |
| ARTICLE III - Registered Ag<br>The Limited Liability Compan<br>mother business entity with an         | gent, Registered Office, & Re<br>y cannot serve as its own Regis<br>active Florida registration.)<br>address of the registered agen<br>ROY S       | gistered Agent's stered Agent. You tare: SMITH no   | s Signature:<br>u must designate an indi | <del></del> | 17                    |
| FT LAUDERDAL ARTICLE III - Registered Ag (The Limited Liability Compananother business entity with an | ent. Registered Office. & Re<br>y cannot serve as its own Regis<br>active Florida registration.)<br>address of the registered agen<br>ROY S<br>Nan | gistered Agent's<br>stered Agent, You<br>it are:<br>SMITH<br>ne<br>INGTON D<br>J. Box <u>NOT</u> acce | s Signature:<br>u must designate an indi | <del></del> | 2020 NOV 17 AH 11: 32 |

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)

ARTICLE IV-

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

| Title:  | Name                                     | and Address:   |  |  |  |
|---|--|--|--|--|--|
| "AMBR" = Aut  | horized Member                           |  |  |  |  |
| "MGR" = Mana  | iger                                     |  |  |  |  |
| MCD   | POV SMI                                  | TLI  |  |  |  |
| MGR   |  | ROY SMITH 2720 WASHINGTON DR   |  |  |  |
|   | FT LAUDERDA                              |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| MGR   | JASMINE O                                | JASMINE QUANDER SMITH  |  |  |  |
|   |  | 2720 WASHINGTON DR   |  |  |  |
|   | FT LAUDERDA                              | LE FL 33311  |  |  |  |
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|   | _ <del></del>                            |  |  |  |  |
| If an effective date is lis<br>the date of filing.)<br><u>Note:</u> If the date inserte | ted, the date must be specific and canno | (OPTIONAL) of be more than five business days prior to or 90 days after ole statutory filing requirements, this date will not be listed as is. |  |  |  |
| ARTICLE VI: Other pro   | risions, if any.                         |  |  |  |  |
|   |  |  |  |  |  |
| REOUIRED S  | GNATURE:                                 |  |  |  |  |
|   | Dr. Section                              |  |  |  |  |
| <del>-</del>  | Signature of a member or an aut          | horized representative of a member.  |  |  |  |
|   | This document is executed in accordance  | e with section 605,0203 (1) (b). Florida Statutes, mitted in a document to the Department of State   |  |  |  |
|   | POV                                      | SMITH  |  |  |  |
|   |  | ed name of signee  |  |  |  |
|   | Typed of pini                            | ed name of aignee  |  |  |  |
|   |  |  |  |  |  |

Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)