Florida Department of State

Division of Corporations
Electronic Filing Cover Sh

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

**Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.

Email Address:

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FLORIDA LIMITED LIABILITY CO. ROYAL TERN, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

COVER LETTER

TO:	New Filing Section Division of Corporations	•	
SUBJEC	ROYAL TERN, LLC	•	
SOBJEC		nited Liability Company	
The encl	osed Articles of Organization and fee(s) are	e submitted for filing.	
Please re	eturn all correspondence concerning this ma	atter to the following:	
	ALFRED P. TIBBETTS		
		Name of Person	
	BUTLER TIBBETTS, LLC		
		Firm/Company	
	43 CORBIN DRIVE		
		Address	
	DARIEN, CT 06820		
	C ATIBBETTS@BUTLERTIBBETTS.CO	City/State and Zip Code	
		for future annual report notification)	
For furthe	er information concerning this matter, please	e call:	
	ALFRED TIBBETTS 20	03 656-1066	
	Name of Person A	rea Code Daytime Telephone Number	
Enclosed	d is a check for the following amount:		
□\$125.	.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, ○ Certificate 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	ED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R'	П	CI	LE	[-	N	a	me	
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The name of the Limited Liability Company is:

ROYAL TERN, LLC

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

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
22 SHIPWAY ROAD	22 SHIPWAY ROAD
DARIEN, CT 06820	DARIEN, CT 06820

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

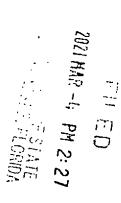
Capitol Corporate S	ervices, Inc.	
	Name	
515 E Park Ave. Flo	oor 2	
Florida street addres	s (P.O. Box NOT a	cceptable)
Tallahassee	FL	32301
City	State	Zip

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..

Kim Tadlock, Asst. Sec. on behalf of Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)



Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	PAUL SWIRBUL
	22 SHIPWAY ROAD
	DARIEN, CT 06820
AMBR	BARBARA CLOSE
	22 SHIPWAY ROAD DARIEN, CT 06820
	DARIEN. C1 00020
(Use attachment if necessary)	
CLE V: Effective date, if other than the da effective date is listed, the date must be a te of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days at meet the applicable statutory filing requirements, this date will not be li nt of State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be at the of filling.) If the date inserted in this block does not be current's effective date on the Department.	specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be li
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CLE V: Effective date, if other than the date effective date is listed, the date must be stee of filing.) If the date inserted in this block does no cument's effective date on the Department of the CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Alfred Signature of a in This document is executed any factorized that any factorized the content of the content is executed that any factorized the content is executed the content of t	t meet the applicable statutory filing requirements, this date will not be lint of State's records. P. Tibbetta member or an authorized representative of a member.
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agen

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)