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	dress)		
- (Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
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(Do	cument Number)		
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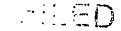
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abbie Hoage



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETALLY OF STATE

The hame of the Emilieu Elaon	ny Company is.			SECRETALLY OF STAT
Shoroyal, LLC				TALL MOORE, FL
(Must con	atin the words "Limited	Liability Compa	nny, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street	address of the principal of	office of the Lim	ited Liability Company is:	
Princip	oal Office Address:		Mailing Ad	dress:
250 Congress Park Dr	, Apt 208		250 Congress Park Dr, Apt 20	8
Delray Beach, FL 334	45		Delray Beach, FL 33445	 .
(The Limited Liability Compan another business entity with an	active Florida registration	on.)	nt. You must designate an	individual or
The name and the Florida street	address of the registered	d agent are:		
	Corporate Creations N	etwork, Inc.		
		Name		
	801 US Highway 1	<u> </u>		
	Florida street addres	ss (P.O. Box <u>NO</u>	T acceptable)	
	North Palm Beach	FL	33408	
	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..

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" = Authorized Member					
"MGR" = Manager MGR	PRI, LLC 250 Congress Park Dr. Apt 208 Delray Beach, Fl. 33445				
	:s 2				
	SECNLIANT TALLANT				
	i a				
	グロ R Dina R				
	22 				
	m				
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date	e of filing: (OPTIONAL)				
the date of filing.)	meet the applicable statutory filing requirements, this date will not be listed as of State's records.				
ARTICLE VI: Other provisions, if any.					
REQUIRED SIGNATURE: Signature of a me	ember or an authorized representative of a member.				
I am aware that any false	ted in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.				
Atmn Granoff Author	ized Signer				

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)