Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000081911 3)))



H220000819113ABCY

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ROYALE MANAGEMENT SERVICES, INC

Account Number : 075136002300

Phone

: (954)563-1269

Fax Number

: (954)563-2153

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

Email	Address:	 	 	 	 	

# FLORIDA LIMITED LIABILITY CO. **Red Matter LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Corporate Filing Menu

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March 4, 2022

### FLORIDA DEPARTMENT OF STATE

ROYALE MANAGEMENT SERVICES, INC. Division of Corporations

SUBJECT: RED MATTER, LLC

REF: W22000027843

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheets

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

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Summer Chatham Regulatory Specialist II New Filing Section

FAX Aud. #: H22000081911 Letter Number: 522A00005294

# Fax Audit # H22000081911 3

#### **COVER LETTER**

TO:	New Filing Se Division of Co							
SUPI	ect.	Red N	Matter Cor	sulting , LLC				
SUBJI		Name of	f Limited Liabil	ity Company				
The en	closed Articles of	Organization and fee(	s) are submitted	for filing.				
Please	return all corresp	ondence concerning thi	s matter to the	following:				
	Steven Weil	, PhD, EA				Z <sub>k.</sub>	202	
	<del>.</del>		Name of	Person		22	2022 MAR	. ,
	Royale Man	agement Services, Inc.				75.55 75.55 75.55	70	Γ
			Firm/Co	mpany		ma: ma	7	1
	2319 N And	rews Avenue				073 11.5	ė; Tr	7
		<u>-</u>	Addi	ress			<b>8</b> : 12	
	Fort Lauder	dale, FL 33311						
	h	harveil eans	City/State at	d Zip Code				
	bryanjenks@	E-mail address: (to be	used for future :	nnual report notificat	ion)	<del></del>		
For furt	her information co	oncerning this matter, p	lease call:					
	Steven Weil		954 t (	563-1269				
	Nan	ne of Person		Daytime Telephon	e Number			
Enclos	ed is a check for	the following amount:						
<b>■\$</b> 12	5.00 Filing Fee	□\$130.00 Filing Fe Certificate of Status	Certif	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Fili Certificate of S Certified Copy (additional copy	Status &	)	
	New I Divisi P.O. I	ng Address Filing Section on of Corporations Box 6327 cassee, FL 32314		Street Address New Filing Section D The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810			

### Fax Audit # H22000081911 3

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	y Company is:					
_	Red Matte	er Consulting	, LLC			
(Must conta	in the words "Limited I	iability Company	, "L.L.C.," or "LLC.")	<del>_</del>		
ARTICLE II - Address: The mailing address and street ad	dress of the principal of	ffice of the Limite	d Liability Company is:			
Principa	l Office Address:		Mailing Addr	<u>ess</u> :		
2319 N Andrews Ave	nue	231	9 N Andrews Avenue	_		
Fort Lauderdale, FL,	33311	For	t Lauderdale, FL, 33311		20	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own ctive Florida registratio	Registered Agent. n.) agent are:		AHASSEELFLORIDA	2022 HAR -7 AM 8: 12	
	2319 N Andrews Ave					
	Florida street address	(P.O. Box <u>NOT</u>	acceptable)			
	Fort Lauderdale	FL	33311			
	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)

President

(CONTINUED)

# Fax Audit # H22000081911 3

"AMBR" – Authorized Member "MGR" – Manager	Name and Address:
AMBR	Nxt Zone, Inc. 2319 N Andrews Avenue Fort Lauderdale, FL 33311
	ARETARE ASS
(Use attachment if necessary)	or Sivis
•	T <sub>p</sub> a
CLE V: Effective date, if other than the deffective date is listed, the date must be see of filing.)  If the date inserted in this block does not coment's effective date on the Department.	ate of filing: (OPTIONAL)  specific and cannot be more than five business days prior to or 90 day of meet the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the deffective date is listed, the date must be le of filing.)  If the date inserted in this block does not cument's effective date on the Department.	ate of filing: (OPTIONAL)  specific and cannot be more than five business days prior to or 90 day of meet the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the defective date is listed, the date must be to of filing.)  If the date inserted in this block does not cument's effective date on the Department of a comment's effective date on the Department of a comment is exert a management of a comment is exert a comment of	ate of filing: (OPTIONAL)  specific and cannot be more than five business days prior to or 90 day of meet the applicable statutory filing requirements, this date will not be

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)