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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : 120070000020

: (813)435-3176

Fax Number : (813)333-6358

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

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FLORIDA LIMITED LIABILITY CO.

ROYAL ARTZ, LLC

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APR 2 8 2022

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
ROYAL ARTZ, LLC		
(Must contain the words "Limited Liability C	ompany "L.L.C." or "LLC.")	
· • • • • • • • • • • • • • • • • • • •	7 -51 ===-01, 01 BB0. /	
ARTICLE II - Address:		
The mailing address and street address of the principal office of the	Limited Liability Company	
or the principal of the of the	connect Elabrity Company is:	
Principal Office Address:	3.5.19	
TOMODALOTHEE Address.	Mailing Address:	
1310 LAKE LUCERNE WAY	1210 I AVE LICETARE WAS	
UNIT 302	1310 LAKE LUCERNE WAY	
BRANDON FLORIDA 33511	UNIT 302	
PREMIONAL LEGISTRA 33311	BRANDON FLORIDA 33511	
ADTICLE III TO THE PARTY OF THE		
ARTICLE III - Registered Agent, Registered Office, & Registe	red Agent's Signature:	
(The Limited Liability Company cannot serve as its own Registered	d Ageπt. 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:		

THE LAW OFFICES OF NICK SPRADLIN, PLLC

Name

4300 Biscayne Blvd Suite 203

Florida street address (P.O. Box NOT acceptable)

MIAMI FLORIDA 33137

MIAMI FLORIDA 33137
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..

gistered 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 AMBR LOURIA M. READUS 1310 LAKE LUCERNE WAY UNIT 302 BRANDON FLORIDA 33511 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_ (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. ANY AND ALL LAWFUL BUSINESS PURPOSE

Signature of a member or an authorized representative of a member.

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.

REQUIRED SIGNATURE:

NICK SPRADLIN, ESO. AUTHORIZED REP OF A MEMBER
Typed or printed name of signee