L230000449

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : BERLIN PATTEN EBLING PLLC

Account Number : 105205003431 Phone : (941) 954-9991 Fax Number : (941) 954-9992

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

## FLORIDA LIMITED LIABILITY CO.

## **DRoyalty Publishing LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited List	bility Company is:		
DRoyalty Publish	dng LLC		
(Must c	outsin the words "Limited	Liebility Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address:			
he mailing address and stree	ct address of the principal c	office of the Limited	Liability Company is:
<u>Prln</u>	cipal Office Àddress:		Mailing Address:
2632 Puritan Ter.		263:	Puritan Ter.
O PT 3437			50.000
The Limited Liability Comp	Agent, Registered Office, any cannot serve as its own	& Registered Age:	sota, FL 34239  nt's Signature: You must designate an individual c
RTICLE III - Registered . The Limited Liability Comp nother business entity with:	Agent, Registered Office, any cannot serve as its own an active Florida registration	& Registered Agent. Registered Agent.	nt's Signature:
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ARTICLE III - Registered	Agent, Registered Office, any cannot serve as its own an active Florida registration eet address of the registered Peter Laughlin  2632 Puritan Ter.	& Registered Agent. D Registered Agent. Dnn.) d agent are: Name	nt's Signature: You must designate an individual c

Having been named as registered agent and to accept service of process for the above stated limited liability company in 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)

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR	Peter G. Laughtin	
	2632 Puiltan Ter. Spresola, FL 34239	
MGR	Patricia D. Laughlin	
	2631 Puritan Ter. Saragoia, FL 34239	
	Datastria, I D 14572	
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