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## a 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 : ALLSTATE CORPORATE SERVICES CORP Account Number : I2004000031 Phone : (800)906-9220 Fax Number : (800)906-9880 \*\*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 Palm 606 LLC

Certificate of Status	l l
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu

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

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The name of the Limited Liability Company is:

Royal Palm 606 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: 140 SE 5th Avenue, Unit 241 Boca Raton, FL 33432 Boca Raton, FL 33432 Mailing Address: 140 SF 5th Avenue, Unit 241 Boca Raton, FL 33432

#### 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:

Richard Rofe		
	מואו	
140 SE 5th Avenue, U	hiit 241	
Florida street address	(P.O. Box <u>NOT</u> a	acceptable)
Hallandale Beach	F1,	33009
Ch <sub>1</sub>	State	Zio

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. Thereby accept the appointment as registered agent and agree to act in his 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 Chipter 605, FS

/s/ Richard Rofe

Registered Agent's Signature (42.0014.20)

(CONTINUED)

The name and address of each person authorized to manage and control the Limited Liability Company:

То:

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

"MGR" = Ma		
AMBR		Richard Rofe 140 SE 5th Avenue, Unit 241
		Boça Raton, FL 33432
AL'BR		Januter Rufe
		14, SE 5th Awmen, Und 241 Bond Ritton, Ft. 31422
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