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(R	equestor's Name)	
(Á	ddress)	
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(A	ddress)	
(C	ity/State/Zip/Phone #)	
(0	nyiotato/zip/i none #/	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
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(0	Pocument Number)	_
Certified Copies	Certificates of	Status
	-	
Special Instructions to Fil	ling Officer:	

Office Use Only



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COVER LETTER

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TO:	New Filing Section Division of Corporations							
emone	Royal L	ondon Properties LLC						
SUBJE	SUBJECT: Name of Limited Liability Company							
The end	closed Articles of Organization and fee	(s) are submitted for filing.						
Please 1	return all correspondence concerning the	nis matter to the following:						
	Rebec	ca Chambers						
		Name of Person						
	Royal	London Properties LLC						
	Firm/Company							
	67	W.Cadillae Drive						
	Address							
	Alta	monte Springs, FL 32714						
	4:	City/State and Zip Code						
	 	neyfan72@gmail.com used for future annual report notifica	ation)					
For further	er information concerning this matter,	please call:						
	Rebecca Chambers	407 467-4904						
	Name of Person	Area Code Daytime Telepho	one Number					
Enclose	d is a check for the following amount:							
	.00 Filing Fee S130.00 Filing F Certificate of State		□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					
	Mailing Address New Filing Section	Street Address New Filing Section I	Division					
	Division of Corporations		The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liability	y Company is:				
	Royal London Prop	perties LLC			
(Must conta	ain the words "Limited		npany, "L.L	С.," ог "LLC.")
			•		
ARTICLE II - Address: The mailing address and street ad	ldress of the principal o	office of the I	Limited Liab	oility Company is	\$:
Principal Office Address:			Mailing Address:		
671 W. Cadillac Drive			671 W. Cadillac Drive		
Altamonte Springs, FL 32714			Altamonte Springs, FL 32714		
			•		
(The Limited Liability Company another business entity with an a The name and the Florida street a	ctive Florida registration and the registered and t	on.)		Ü	
		Name	DC1 3		_
	671 w cadillac Dr				
	Florida street address (P.O. Box NOT acceptable)				_
	Altamonte Springs fl 32714				
	City	State		Zip	<u>-</u>
laving been named as registered a lace designated in this certificate, irther agree to comply with the pro m familiar with and accept the obl	I hereby accept the apportions of all statutes religations of my position of	ointment as relating to the as registered	egistered ag proper and agent as pro	ent and agree to complete perform ovided for in Cha	act in this capacity. I
		(CONTIN	UED)		

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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 Rebecca Chambers 671 W. Cadillac Drive Altamonte Springs, FL 32714 MGR (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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. REQUIRED SIGNATURE: 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. Rebecca Chambers Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

ARTICLE IV-