U2400098416

(Requestor's Name)								
	(requestors rearne)							
	(Address)							
	(Address)							
(Address)								
	(City/State/Zip/Phone #)							
PICK-UP	P WAIT MAIL							
I	(Business Entity Name)							
	(Document Number)							
Cartified Conies	Certificates of Status							
Certified Copies	Certificates of otatus							
Special Instructions	to Filing Officer:							

Office Use Only



900421347019

2024 FEB 28 AM II: 47

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312
(850) 656-4724

DATE 2/28/24	· · ·		
			**WALK IN*
ENTITY NAMEPO	RT ROYALE CAFE LLC		
DOCUMENT NUMBE	R		
	PLEASE FILE THE A	ATTACHED AND RETURN	
	Plain Copy		
XXXXX	Certified Copy		
	Certificate of Status		
	PLEASE OBTAIN THE FOLL	OWING FOR THE ABOVE ENTITY	
	Certified Copy of Arts & 1	Amendments	
	Certified Copy of Arts & r	Amendments Complete File (Including Annual Repo	rtelic 3
	Certificate of Status		2024 FEB
	Certificate of Status Reflec	ting:	28
	APOSTILLE' / NOT	TARIAL CERTIFICATION	PH 1:51
COUNTRY OF DESTINA	ATION		_
NUMBER OF CERTIFIC	PATES REQUESTED		_
TOTAL OWED \$ 13	55	ACCOUNT # 120140000108 / United Corporate Services, Inc.	Memail
Please call Tina at	the above number for anu	issues or concerns. Thank you so	much!

COVER LETTER

TO:		v Filing Sec ision of Co					
SUBJE	CT.	PORT ROYALE CAFE LLC					
300317	C 1.	Name of Limited Liability Company				-	
The enc	losec	l Articles of	Organization and fee(s) are	e submitted t	or filing.		
Please r	eturn	all correspo	ondence concerning this ma	itter to the fo	flowing:		
	_			Name of I			<u> </u>
				Name of i	rerson		
	-			Firm/Con	npany		
	-			Addre	SS		
	-			ity/State and	Zip Code		
	rle	evine@CBL	.Attorneys.com				
	_	-	E-mail address; (to be used	for future ar	mual report notificat	ion)	
For furthe	er inf	ormation co	neerning this matter, please	e cail:			
			at (1)		_
		Nam	e of Person A	rea Code	Daytime Telephon	e Number	2024 5 - 1 1
Enclose	d is a	check for t	he following amount:				
□\$125	,00 F	iling Fee	□\$130.00 Filing Fee & Certificate of Status	Certifie	.00 Filing Fee & d Copy I copy is enclosed)	Certified (2024 FEB 28 PAGE TALL A FINE COPY IS COPY IS

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION

OF

PORT ROYALE CAFE LLC

ARTICLE I: The name of the Limited Liability Company is:

PORT ROYALE CAFE LLC

ARTICLE II: The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

6550 N. Federal Highway

6550 N. Federal Highway

Suite 100

Suite 100

Fort Lauderdale, FL 33308

Fort Lauderdale, FL 33308

ARTICLE III: The name and street address of the registered agent are:

Mr. Mark Bosses 505 N.E. Spanish Trail Boca Raton, FL 33432

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 608, F.S.

ARTICLE IV: The name and address of each Manager are as follows:

Title:

Name and Address:

Manager

Mark Bosses 505 N.E. Spanish Trail Boca Raton, FL 33432

Mark Bosses