

# L25000035044

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

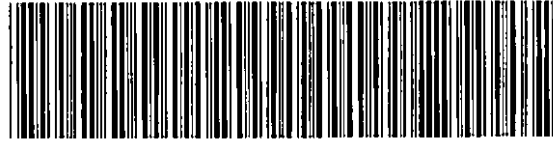
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2025 JAN 29 PM 9:47  
CLERK OF COURT  
STATE OF TEXAS  
COUNTY OF DALLAS

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2025 JAN 29 PM 3:26  
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STATE OF TEXAS  
COUNTY OF DALLAS

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account I20210000160: \$125.00

Authorization Signature Jon Felt

179 Royal Palm Drive, LLC

Business

#Document

Walk in

Will wait

Certified Copies of articles

Certificate of Status

**NEW FILINGS**

Profit  
Not for Profit  
X LLC  
Domestication  
INC  
CORP  
OTHER

**AMENDMENTS**

Amendment  
Resignation of R.A.  
Change of Registered Agent  
Revocation of Dissolution  
Conversion  
Statement of Authority  
Merger  
Restated Articles

**OTHER FILINGS**

TRANSMITTAL LETTER  
Fictitious Name  
Statement of Authority  
APOSTIL  
COUNTRY

**REGISTRATION/QUALIFICATIONS**

Foreign Filing  
Partnership  
Reinstatement  
Statement of CORRECTION  
Domestication of a Foreign Corp.  
Other

EXAMINER'S INITIALS: \_\_\_\_\_

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TALLAHASSEE, FL 32309  
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Authorization Signature James Cull  
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EXAMINER'S INITIALS:                     

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TALLAHASSEE, FL  
CLERK OF CIRCUIT COURT

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: 179 Royal Palm Drive, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ryan E. Willits

Name of Person

Willits & Associates, P.A.

Firm/Company

2325 N. Ocean Blvd., FL 2

Address

Boca Raton, FL 33431

City/State and Zip Code

ryan@floridadirtlawyers.com

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Ryan E. Willits 561 353-2400  
Name of Person at ( ) Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee  
☐ \$130.00 Filing Fee & Certificate of Status  
☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)  
☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

179 Royal Palm Drive, 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:

2400 East Las Olas Blvd.

Suite B

Fort Lauderdale, FL 33301

Mailing Address:

2400 East Las Olas Blvd.

Suite B

Fort Lauderdale, FL 33301

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 Ndjoa

Name

2400 East Las Olas Blvd., Suite B

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

Fort Lauderdale

FL

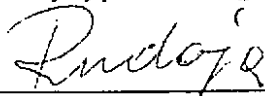
33301

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..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF COURT  
STATE OF FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

Kolec N. Ndoja  
2400 East Las Olas Blvd., Suite B  
Fort Lauderdale, FL 33301

MGR

Margerita Ndoja  
2400 East Las Olas Blvd., Suite B  
Fort Lauderdale, FL 33301

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

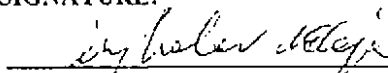
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

Kolec N. Ndoja

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)

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