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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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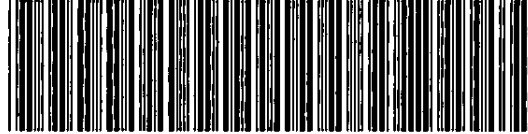
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Sanders JAN 16 2015

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ROYAL CAPITAL, LLC**

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

**BETH MINOR**

Name of Person

**BREEZE BOOKKEEPING INC**

Firm/Company

**PO BOX 1110**

Address

**GULF BREEZE, FL 32562-1110**

City/State and Zip Code

**breezebookkeep@aol.com**

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

For further information concerning this matter, please call:

**Beth Minor**

Name of Contact Person

at ( **850** ) **932-1119**

Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. ROYAL CAPITAL, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

ROYAL CAPITAL OF MISSISSIPPI, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. MISSISSIPPI

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-1327951

(FEI number, if applicable)

4. 1-1-2015

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 310 SMITH CIR

GULF BREEZE, FL 32561

(Street Address of Principal Office)

6. PO BOX 1028

GULF BREEZE, FL 32562-1028

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

WELLS P RICHARDS, MANAGING MEMBER

PO BOX 1028

GULF BREEZE, FL 32562-1028

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35 JAN -7 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Wells P Richards

Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

WELLS P RICHARDS

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

**ROYAL CAPITAL, LLC**

If unavailable, the alternate to be used in the state of Florida is:

**ROYAL CAPITAL OF MISSISSIPPI, LLC**

2. The name and the Florida street address of the registered agent and office are:

**BETH MINOR**

(Name)

**310 SMITH CIR**

Florida Street Address (P.O. Box NOT ACCEPTABLE)

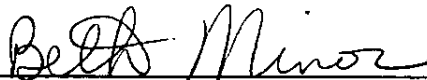
**GULF BREEZE**

**32561**

**FL**

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, Florida Statutes.*



(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

15 JAN - 7 AM '09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DELBERT HOSEMANN  
*Secretary of State*

Office of the Secretary of State  
Jackson, Mississippi

## Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

### ROYAL CAPITAL, LLC

Registered the 1st day of July, 2014

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

190 East Capitol Street, Suite 100 (39201); P O Drawer 119  
Jackson, MS 39205

And that the registered agent at that address is:

Alston, Sheldon

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office  
the 21st day of November, 2014

*C. Delbert Hosemann, Jr.*

C. DELBERT HOSEMANN, JR.  
*Secretary of State*

FILED  
15 JAN - 7 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Certificate Number: CN14002977

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>