

Florida Department of State
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To: Division of Corporations
 Fax Number : (850)617-6381

From: Account Name : REGISTERED AGENTS INC.
 Account Number : I20090000081
 Phone : (307)200-2803
 Fax Number : (813)436-5206

RECEIVED
 2025 FEB -4 PM 12:15
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FL

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
Royal Services LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

FILED
 SECRETARY OF STATE
 25 FEB -4 PM 9:15
 TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Royal Services 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:

7901 4th St N

STE 300

St. Petersburg FL 33702

Mailing Address:

7901 4th St N

STE 300

St. Petersburg FL 33702

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:

Registered Agents Inc

Name

7901 4th St N

STE 300

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

St. Petersburg

FL

33702

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.

David Rivers

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

AMBR

Colosseum Holdings Inc

7901 4th St N STE 300

St. Petersburg, FL 33702

AMBR

Olivieri, Anthony

1315 Ferendina Dr

Deltona FL 32725

AMBR

Centeno, Carrie

3080 N Covington Drive

Deltona FL 32738

AMBR

Moors, Paul

741 Raven Terrace

Deltona, FL 32725

(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:

Robin Jones

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.

Robin

Jones

Typed or printed name of signer

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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AMBR

Moors, Veronica

741 Raven Terrace
Deltona, FL 32725

AMBR

Pantalone, Josh
32600 Forest Drive
Deland, FL 32720

AMBR

Pantalone, Natalie
32500 Forest Drive
Deland, FL 32720

AMBR

Olivieri, Jessica
1405 Talon Ave
Deland, FL 32720

AMBR

Lara, Lucy
120 Hibiscus Woods Court Apt 2C
Deltona, FL 32725

AMBR

Lara, Raul
120 Hibiscus Woods Court Apt 2C
Deltona, FL 32725

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