

L22000193616

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000168897 3))



H220001688973ABCA

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : M. BURR KEIM COMPANY
Account Number : I19990000242
Phone : (215)563-8113
Fax Number : (215)977-9386

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

Email Address: mbach@lauletta.com

2022 MAY 11 PM 1:54
RECEIVED
STATE
CORPORATIONS
COMMERCIAL
SERVICES
FL

FLORIDA LIMITED LIABILITY CO. Royalty Hub, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED
2022 MAY 11 AM 11:51
CORPORATIONS
COMMERCIAL
SERVICES

9

(((H22000168897 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Roialty Hub, 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:

Mailing Address:

178 Esplanade Avenue
Pitman, NJ 08071

178 Esplanade Avenue
Pitman, NJ 08071

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.

Bill Name

Registered Agent's Signature (REQUIRED)

(CONTINUED)

(((H22000168897 3)))

ALLMAY'S
STATE
OFFICE
FL

2022 MAY 11 PM 1:54

FILED

((H22000168897 3)))

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

Kyle Reynolds
6260 W. 3rd Street, Apt. 317
Los Angeles, CA 90036

AMBR

Jordan Isreal
333 S. Kingslev Drive, Apt. 118
Los Angeles, CA 90020

AMBR

Michael D. Bach
178 Esplanade Avenue
Pitman, NJ 08071

(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:

Thomas Worthington

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.

Thomas Worthington
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)

2022 MAY 11 PM 1:51
FILED
DEPARTMENT OF STATE
TALLAHASSEE, FL

((H22000168897 3)))