# 11000084571

(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



500209522505

3/125.00 07/15/11--01008--013 \*\*25.08



## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	O. Granity Name of Limited	LLC d Liability Company	
The enclosed Articles o	f Organization and fee(s) are su	ubmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	2 <b>3</b>	Name of Person	
	. Granite	Firm/Company	
41101	e castilla	C/v # 102	
<u>Foyt</u>	myers FL	33914 State and Zip Code	
	E-mail address: (to be used for	r future annual report notification)	<del></del>
For further information	concerning this matter, please of	call:	
COVIOS	Stively G	at ( <u>423</u> ) <u>421 - S</u> Arca Code & Daytime Teleph	S G O G
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	cle



# FLORIDA DEPARTMENT OF STATE Division of Corporations

#### RECEIVED

11 JUL 21 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

July 18, 2011

CARLOS OLIVEIRA 4166 CASTILLA CIR # 102 FT MYERS, FL 33916

SUBJECT: C.O. GRANITE LLC Ref. Number: W11000037659

We have received your document for C.O. GRANITE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on July 18, 2011. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 711A00016970

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name
------------------

The name of the Limited Liability Company is:

(Must end with 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:

rincipal Office Address:	Mailing Address:
HILL CASTILL CIV # 102	4166 Castilla Civ #102
FOYTMYERS PL 33916	Fort Mycrs FL 33916

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:

Name

HIGO CUSTILO CIV # 102

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

FOYT MYCUS FL 33916

City, State, and 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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Carlos Olivera 4166 Custilla Cir #102 Fort Myers Pl 33916
MGIRM	Serono Luiz Araujo 4166 Castila ar #102 For myers FL 33916
(Use attachment if necessary)	
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)	date of filing: 18/2011 (OPTIONAL specific and cannot be more than five business day

**REQUIRED SIGNATURE:** 

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, 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 proyided for in s.817.155, F.S.)

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)