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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DAVID GRAZIASE INVESTIGATIONS LO Name of Limited Liability Company	L
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
DAVID J. GRAZIADEI Name of Person	
Name of Person	
DAVID GRAZIADEI INVESTIGATIONS Firm/Company	
5019 TIMBER LANE RD.	
Address	
BASCOM, FL. 32423 City/State and Zip Code GRAZ OS20 D GMAIL, COM E-mail address: (to be used for future annual report notification)	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
DAVIS GRAZIASES at (850) 209 1620 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee & Certificate of Status □\$130.00 Filing Fee & Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, 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 Circle Tallahassee, FL 32301	·\$.,

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
DAVID GRAZIADEL IN (Must end with the words "Limited Liability	VESTIGATIONS LLC. y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
BASCOM, FL. 22423	SAME
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re-	
DAVID J. GR Name 5013 TIMBE	RELANE RD
Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)
Bas com City, State	FL 32423 e, and Zip
liability company at the place designated in the registered agent and agree to act in this capacit all statutes relating to the proper and complete	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of performance of my duties, and I am familiar with istered agent as provided for in Chapter 608, F.S
CONTINU	Sat
(CONTINU	red)
Page 1 of 2	ည်း ယူ မူး

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:
MGRM	CYNTHIA ANN BRADEY - GRAZIAAE 5013 TIMBERLANE RA. BASCOM, FL 32423
	
	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must prior to or 90 days after the date of filing.)	date of filing: <u>O/J9//3</u> . (OPTIONAL) be specific and cannot be more than five business days

REQUIRED SIGNATURE:

Signature of a member or an authorised 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 provided for in s.817.155, F.S.) $\frac{CYNTHiA}{Typed or printed name of signee}$

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)