

Mar 29 00 12:00

Paralegal Associates

954-568-6771

Division of Corporations

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**L000000003556**

## Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

### Electronic Filing Cover Sheet

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**To:**

Division of Corporations

Fax Number : (850) 922-4003

**From:**

Account Name : MIDLAND ENTERPRISES, INC./PARALEGAL ASSOCIATES

Account Number : I19990000034

Phone : (954) 565-7723

Fax Number : (954) 568-6771

**AL1**

00 MAR 29 PM 1:00

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

## LIMITED LIABILITY COMPANY

**GROVE INVESTMENTS 1401, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED

00 MAR 29 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H0000000138933

## ARTICLES OF ORGANIZATION

OF

GROVE INVESTMENT 1401, LLC.

MAR 29 PM 1:00  
Paralegal AssociatesARTICLE ONE NAME

The name of the limited liability company shall be  
GROVE INVESTMENT 1401, LLC.

ARTICLE TWO PRINCIPAL OFFICE

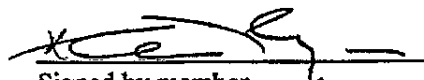
The mailing address and street address of the principal office of the Limited Liability Company is  
5334 Sapphire Valley, Boca Raton, Florida 33486

ARTICLE THREE INITIAL REGISTERED AGENT AND STREET ADDRESS

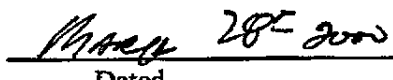
The name and Florida street address of the registered agent are  
Anson Klinger of 5334 Sapphire Valley, Boca Raton, Florida 33486

ARTICLE FOUR MANAGER(S) AND STREET ADDRESS

The Limited Liability Company is to be managed by one manager or more managers and is,  
therefore a manager- managed company. The name and address of the manager of this company  
will be Anson Klinger of 5334 Sapphire Valley, Boca Raton, Florida 33486



Signed by member  
or an authorized representative of a member  
Anson Klinger

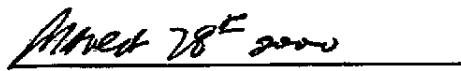


Dated

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.



Signed Anson Klinger  
Registered Agent



Dated

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