LOSSECTO 85 73

ANDREW CURTIS AND ASSOCIATES LLC

1300 NW 17 Ave. #270 Delray Beach, FL 33445

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. (Corporation Name)	(Document #)
2(Corporation Name)	(Document#) 7000033099170 -07/20/0001063001 *****25.00 ******25.00
3. (Corporation Name)	(Document #) 7000033099170 -08/30/0001043009 ****100.00 ****100.00
4. (Corporation Name)	(Document #)
□ Walk in□ Pick up time□ Mail out□ Will wait	☐ Certified Copy ☐ Photocopy ☐ Certificate of Status
NEW FILINGS	AMENDMENTS
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger PROJUGIES DATE OF A STORY OF A ST
OTHER FILINGS	REGISTRATION/QUALIFICATION 2
☐ Annual Report ☐ Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other
	Examiner's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 10, 2000

ANDREW CURTIS & ASSOCIATES LLC 1300 NW 17 AVE #270 DELRAY BEACH, FL 33445

SUBJECT: GRANNY TRUST LLC Ref. Number: W00000017254

We have received your document for GRANNY TRUST LLC and check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return 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) 487-6043.

Shawn Logan Document Specialist

Letter Number: 000A00037894

'ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is: ORAWWY TRUST LLC
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ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: [300] WW [7] AVE, # 270
DELRAY BEACH, FL. 33445 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Name Name 1300 WW 17 HVB 4270 Florida street address (P.O. Box NOT acceptable) OBLERY BROKEL 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
Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.
(An additional article must be added if an effective date is requested) Signature of a member or an authorized representative of a member of a member of an authorized representative of a member of a
Signature of a member or an authorized representative of a member
\$ 100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (OPTIONAL) \$ 5.00 Certificate of Status (OPTIONAL)