

CT CORPORATION SYSTEM

CORPORATION(S) NAME

L01000010436

Groveline LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN 27 PM 2:08

APPROVED
AND
FILED

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
 Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____

6/27/01

MS

Order#: 46141

Ref#:

Amount: \$

NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2001 JUN 27 PM 12:22

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

500004448015-5
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 *****125.00 *****125.00

660 East Jefferson Street
 Tallahassee, FL 32301
 Tel. 850 222 1092
 Fax 850 222 7615

JP
6-27-01

ARTICLES OF ORGANIZATION

GROVELINE LLC

ARTICLE I – NAME

The name of the Limited Liability Company is GroveLine LLC.

ARTICLE II – ADDRESS

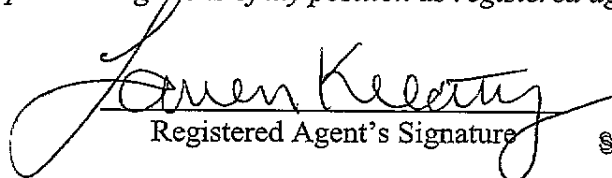
The mailing address and street address of the principal office of the Limited Liability Company is 1200 North Federal Highway, Suite 200, Boca Raton, FL 33432.

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

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 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

LAUREN H. KREATZ,
SPECIAL ASSISTANT SECRETARY

ARTICLE IV – MANAGEMENT

☐ The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company.


Kelly Knapp, 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.)

Kelly Knapp, Member

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