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POWERS FARMER & CO.,P.C. CERTIFIED PUBLIC ACCOUNTANTS	
Suite 1370 900 Circle 75 Parkway Atlanta, Georgia 30339	
PICK-UP WAIT M	AIL.
(Business Entity Name)	
(Document Number)	
(Document Namper)	
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Special Instructions to Filing Officer:	
189, 2848, 623, 671	
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 29, 2003

POWERS FARMER & CO. P.C. 900 CIRCLE 75 PARKWAY STE. 1370 ATLANTA, GA 30339

SUBJECT: S. GROUSE, LTD Ref. Number: W03000015311 SECAC JARY OF STATE ORDINA

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

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 403A00033812

TRANSMITTAL LETTER

Division of Corporations		
SUBJECT: S. Grouse, LLC		_
(Name of Limited L	iability Company)	_
The enclosed Articles of Organization and fee(s)	are submitted for filing.	
Please return all correspondence concerning this t	matter to the following:	
		\mathbf{z}^{∞}
Michael L. Powers		15. 15. 15. 15. 15.
(Name of Person)		LAHASSEE FLORI
		17 SSE
Davier Company & Co. DC		THE P
Powers, Farmer & Co., PC		<u> </u>
(Firm/Company)		S 5
		ATA-
900 Circle 75 Parkway Suite 1370		
(Address)	,	
Atlanta, GA 30339		
(City/State and Zip Code)		
For further information concerning this matter, pl	ease call:	
Michael Powers at (770) 953-6866	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	
Tallahassan Florida 22200	Tallahassa Florida 37314	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
S. Grouse, LLC
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address	<u>i</u>	Mailing Address:		
S. Grouse, LLC		S. Grouse, LLC		
1700 SE 15th Street #111		1700 SE 15th Street #111		
Fort Lauderdale, FL 33316		Fort Lauderdale, FL 33316		
The name and the Florida	ed Agent, Registered Office street address of the registere ard Bunting	e, & Registered Agent's Signed agent are:	03 JUL 17 SEER JARY ALELAHASSE maturallasse	T
	Name		Le B	
1700) SE 15th Street #111	eng kanalangan s	最近三	O
 -	Florida street address (P.O. Box N	QT acceptable)	SE SE	
Fort	Lauderdale FL 3	33316	• • • • • • • • • • • • • • • • • • •	٠,

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

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:		
"MGR" = Manager "MGRM" = Managing Member			
MGRM	Richard Bunting		
	1700 SE 15th Street #111		* * * * *
	Fort Lauderdale, FL 33316		
- Section 1997	A Dishard Duella		Same Section 1
	Richard Bunting		
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(Use attachment if necessary)		1:5	
NOTE: An additional article must be a	added if an effective date is requested.	<u> </u>	
REQUIRED SIGNATURE:			
7.//	O Dut		e o de tale.
Signature of a member of	an authorized representative of a member.		
(In accordance with section of this document constitute that the facts stated herein	on 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury rare true.)		
Richard Bunting			
Typed	or printed name of signee		
	Filing Fees:		
\$	100.00 Filing Fee for Articles of Organization 25.00 Designation of Registered Agent 30.00 Certified Copy (Optional)		
\$			