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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GRAVES CUSTOM CYCLES, LLC.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NINA GRAVES

(Name of Person)

(Firm/Company)

7194 CATALINA ISLE DR.

(Address)

LAKE WORTH, FL 33467

(City/State and Zip Code)

For further information concerning this matter, please call:

NINA GRAVES

(Name of Person)

at (561) 963-4135

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **GRAVES CUSTOM CYCLES, LLC.**

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

7194 CATALINA ISLE DR.
LAKE WORTH, FL 33467

Mailing Address:

7194 CATALINA ISLE DR.
LAKE WORTH, FL 33467

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

MICHAEL D. MAC DONALD
Name

200 Palm Beach Lakes Blvd, Suite 207
Florida street address (P.O. Box **NOT** acceptable)

West Palm Beach FL
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 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.

[Signature]
Registered Agent's Signature

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

MGRM

NINA GRAVES
7194 CATALINA ISLE DR
LAKE WORTH, FL 33467

JERRY L. GRAVES II
7194 CATALINA ISLE DR
LAKE WORTH, FL 33467

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


Signature of a member or an authorized 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.)

NINA GRAVES
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)

\$ 5.00 Certificate of Status (Optional)

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