

L04000039511

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(Address)

(Address)

(City/State/Zip/Phone #)

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L04-39511  
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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PRO 2 BY JEFF GRISSOM, 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:

JEFFREY GRISSOM

(Name of Person)

(Firm/Company)

2111 Barkeley Lane #15

(Address)

Fort Myers, FL 33907

(City/State and Zip Code)

For further information concerning this matter, please call:

Jeffrey Grissom

(Name of Person)

at ( 239 ) 218-6326  
(Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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### 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

PRO 2 BY JEFF GRISSOM, LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

2111 Barkeley Lane #15

Fort Myers, FL 33907

#### Mailing Address:

2111 Barkeley Lane #15

Fort Myers, FL 33907

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

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

JEFFREY GRISSOM

Name

2111 BARKELEY LANE #15

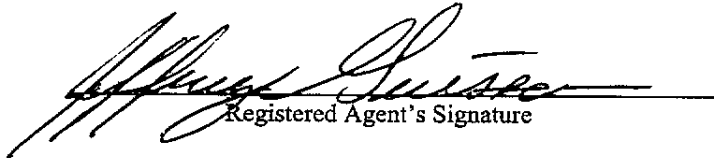
Florida street address (P.O. Box **NOT** acceptable)

FORT MYERS


FL 33907

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

(CONTINUED)

  
CHARLES J. TRUDELL  
NOTARY PUBLIC - STATE OF FLORIDA  
COMMISSION # DD164558  
EXPIRES 11/13/2006  
BONDED THRU 1-386-NOTARY1

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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"	JEFFREY GRISSOM
_____	2111 Barkeley Lane #15
_____	Fort Myers, FL 33907
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(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.

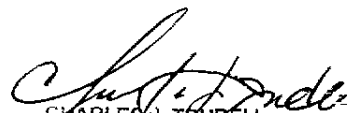
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**JEFFREY GRISSOM**

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)

  
CHARLES J. TRUBELL  
NOTARY PUBLIC - STATE OF FLORIDA  
COMMISSION # DD164558  
EXPIRES 11/13/2006  
BONDED THRU 1-888-NOTARY1

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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