

L04000054110

2004 JUL 16 P 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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07/04/04--11:14/2--006 \*\*125.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

way-26943

AL

Office Use Only



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 14, 2004

DAVID GILMORE  
P.O. BOX 4092  
TALLAHASSEE, FL 32315

SUBJECT: GRAPEVINE VENDING  
Ref. Number: W04000026943

We have received your document for GRAPEVINE VENDING 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 end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

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) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 604A00044902

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JUL 16 P 3 35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2004 JUL 16 P 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 1, 2004

Florida Department of State  
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

David Gilmore  
PO Box 4092  
Tallahassee, FL 32315  
(850) 294-1463

Dear Registration Section,

Enclosed I have submitted for filing, the proper forms, Transmittal Letter and Articles of Organization for Florida Limited Liability Company, for my business "Grapevine Vending".

I would also like to advise your office that in accordance with Section 119.07(3)(i)1., Florida Statutes, I am requesting specific exemption for certain information relating to public record requests or submission.

Thank you for your service to this matter.

Sincerely,

A handwritten signature in black ink, appearing to be 'D Gilmore', with a long horizontal line extending to the right.

David Gilmore, Owner  
"Grapevine Vending"

**TRANSMITTAL LETTER**

**FILED**

**TO:** Registration Section  
Division of Corporations

2007 JUL 16 P 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SUBJECT:** Grapevine Vending  
(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:

David Gilmore  
(Name of Person)

Grapevine Vending  
(Firm/Company)

PO Box 4092  
(Address)

Tallahassee, FL 32315  
(City/State and Zip Code)

For further information concerning this matter, please call:

David Gilmore at ( 850 ) 294-1463  
(Name of Person) (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

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**FILED**  
2004 JUL 16 P 3:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Grapevine Vending, L.L.C.

**ARTICLE II - Address:**

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

**Principal Office Address:**

7198 Newfield Dr.

Tallahassee, FL 32303

**Mailing Address:**

PO Box 4092

Tallahassee, FL 32315

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

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

David Gilmore

Name


7198 Newfield Dr.

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

Tallahassee, FLORIDA 32303

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, Florida Statutes..*

  
\_\_\_\_\_  
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: 2020 JUL 16 P 3:35

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

SECRETARY OF STATE  
TALLAHASSEE, FL 32315

MGR

David Gilmore

PO Box 4092

Tallahassee, FL 32315

MGRM

Andrea M. Gilmore


PO Box 4092

Tallahassee, FL 32315

(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.)

David Gilmore

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)

**ARTICLE V – Agreement:**

Each partner of Grapevine Vending will maintain a cell phone and will be reimbursed for its use through the partnership.



David Gilmore, MGR  
Grapevine Vending

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TALLAHASSEE, FLORIDA