

Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : BOARDMAN & SPILLER, P.A.
Account Number : 102350003270
Phone : (239) 657-4418
Fax Number : (239) 657-4278

LIMITED LIABILITY COMPANY

3GRAPES, LLC

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLES OF ORGANIZATION****OF****3GRAPES, LLC**

The undersigned members hereby certify that the undersigned members of this organization desires to form a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. We further declare that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company.

CHARTER**ARTICLE I****NAME**

The name of the limited liability company shall be 3GRAPES, LLC

ARTICLE II

The mailing address and street address of the principal office of this limited liability company shall be 1460 Claret Ct, Ft. Myers, Florida 33919.

ARTICLE III**DURATION**

This limited liability company shall exist until June 30, 2034, unless sooner dissolved in a manner provided by law or as provided in the regulations adopted by the members.

THIS DOCUMENT PREPARED BY:

Thomas K. Boardman
THOMAS K. BOARDMAN, P.A.
1400 North 15th Street, Suite 201
Immokalee, Florida 34142
(239) 657-4418
Florida Bar No. 103581

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ARTICLE IV

MANAGEMENT

This limited liability company shall be managed by its members. The names and addresses of the managing members are as follows:

Susan Marie Blust
1460 Claret Ct
Ft. Myers, Florida 33919

Mark Anthony Blust
1460 Claret Ct
Ft. Myers, Florida 33919

ARTICLE V

RESTRICTIONS ON MEMBERSHIP

Members shall have the right to admit new members by majority consent. Contributions required of new members shall be determined as of the time of admission to the limited liability company.

ARTICLE VI

MEMBERS' RIGHTS TO CONTINUE BUSINESS

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the liability company, the remaining members shall have the right to continue the business upon the majority consent of such remaining members.

Executed by the undersigned at Fort Myers, Florida, on July 26, 2004.

Mark Anthony Blust
MARK ANTHONY BLUST

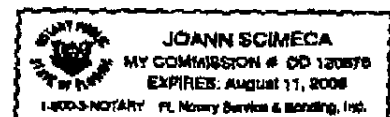
Susan M. Blust
SUSAN MARIE BLUST

STATE OF FLORIDA
COUNTY OF LEE

The foregoing instrument was sworn to and acknowledged before me this 26 day of July, 2004, by MARK ANTHONY BLUST and SUSAN MARIE BLUST, who are ☐ personally known to me or ☒ who have produced a Florida Driver's License Nos. B423-2341-61727-0 B423-79941-591-0 as identification.

Joann Scimeca
NOTARY PUBLIC

Name: _____



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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

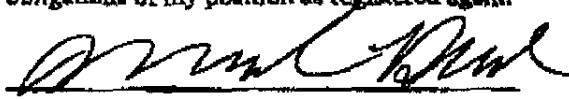
1. The name of the limited liability company is: 3GRAPES, LLC
2. The name and address of the registered agent and office is:

MARK ANTHONY BLUST
(Name)

1460 Chapel Ct
(P.O. Box not acceptable)

Ft. Myers, Florida 33919
(City/State/Zipcode)

Having been named as registered agent and to accept service of process for the above state corporation 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.

 7/26/04
(Signature) (Date)