Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H040002424123)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : ACCOUNTING & BEYOND

Account Number: I19990000223 Phone : (813)998-9600

: (813)935-9982 Fax Number

LIMITED LIABILITY COMPANY

GRIFFIN CONSULANTS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing

Public Access Help

P.02 JAN-07-1900 23:35 · `ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I Name: The name of the Limited Liability Company is: GRIPFIN CONSULTANTS. ARTICLE II- Address: The mailing address and street address of the principal office of the Limited Liability Company is: 18915 NEST FERN CIRCLE, TAMPA, FL 33647 ARTICLE III Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: DARIN CARSON Name ·L 18915 NEST FERN CIRCLE Florida Street Address 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. 12/7/200 Signature/Registered Agent Article IV Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and is therefore, manager managed company. (An additional article must be added if an effective date is requested) Signature of a member or an authorized representative of a member.

Typed or printed name of signee

affirmation under the penalties of perjury that the facts stated herein are true.)

GLEN GRIFFIN

(In accordance with section 608.408(3), Fiorida Statutes, the execution of this document constitutes an