# L04000093980

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
<del>.</del>	(Business Entity Name)
····	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
Name Avadability	
Document Examiner	⊜_Office Use Only
Jpdater	ncc
lpdater lerifyer	DCC
cknowledgement	DOC
/. P. Verifyer	Dry



600043386576

12/20/04--01028--019 \*\*125.00

ED1 ( CC 20 / A II: 03

## **BROWNING & MEYER CO., LPA**

8101 N. High Street, Suite 370 Columbus, Ohio 43235

Phone: (614) 471-0085 Toll-Free: (866) 88-ELDER

Fax: (614) 430-8132

#### A Legal Professional Association

William J. Browning, CELA\* Richard F. Meyer, Esq.\*\*

December 16, 2004

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

To Whom It May Concern:

Enclosed please find the Articles of Organization and Statutory Agent for the Graham Family, LLC. Also enclosed is a check for \$125.00 and a cover sheet with a return address.

If you have any questions please feel free to call me at 614-471-0085 or email at irose@elderlaw.us.

My address is 8101 N. High St., Suite 370, Columbus, OH 43235.

Thank you,

Jeff W. Rose, law clerk

Browning & Meyer, Co., LPA

## □ UNIFORM COMMERCIAL CODE FILINGS

# CORPORATE FILINGS

## **CORPORATIONS ONLY**

EXPEDITE SERVICE ADDITIONAL FEE OF \$100.00

# **CORRESPONDENCE**

#### PLEASE RETURN THE ATTACHED DOCUMENTS TO:

<b>BROWNING &amp; MEYER C</b>	O., LPA	
NAME OF YOUR FIRM OR C	OMPANY	
JEFF W. ROSE		
ATTN		
8101 N. HIGH ST. SUITE	370	
STREET ADDRESS		
COLUMBUS, OH 43235		
CITY	STATE	ZIP
614-471-0085		1
TELEPHONE		
<b>_</b>		<del></del>
	UCC ONLY	<b>)</b>
	☐ MAIL ☐ PICK UP IF NOT CHECKED, IT WILL BE MAI	i i

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

	≓s:	<u></u>	
			3
		77	j
	** • • •	(°)	,
ipal office of the Limited	Liabilit	y <b>C</b> ompany	is:
			ž.
<u> Iailing Address:</u>	<del></del>		
	11.		
	*		
atellite Beach, FL 32937			
atomic Bodon, 1 L ozoor			
atomo Bodon, i E ozoor			
ffice, & Registered Agen	t's Sign	ature:	
	t's Sign	aature:	
ffice, & Registered Agen	t's Sign	aature:	
ffice, & Registered Agen	t's Sign	nature:	
ffice, & Registered Agen	t's Sign	nature:	
ffice, & Registered Agen	t's Sign	nature:	
ffice, & Registered Agen stered agent are:	t's Sign	nature:	
	Address: 30 Canal Court	Ailling Address:	30 Canal Court

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)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	James R. Kreer 680 Canal Court
	Satellite Beach, FL 32937
	22
•	
(Use attachment if necessary)	3
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
Homes	Rkun
- //	an authorized representative of a member.  1 608.408(3), Florida Statutes, the execution
of this document constitute that the facts stated herei	s an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

James R. Kreer

- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee