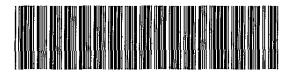
LD50000000931

(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:				
105-12536				

Office Use Only



500047121915

q3/09/051-01025--027 **130.00

OS MAR 16 AM 80 222

MAN

TRANSMITTAL LETTER

TO:	Registration Se Division of Co			
SUBJE	ст:	Grants Marketing		
		(Name of Limite	d Liability Company)	
The end	closed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please	return all corresp	condence concerning this matter	er to the following:	
	Barbara O Grant			
		μ	Name of Person)	
		Grants Market		
		(Firm/Company)	
		2251NW 41 Ave	. Apt 406	
			(Address)	
		Lauderhill Fl. 333	13	05 MA
				16 M
For furt	her information	concerning this matter, please	call:	HASSEE, FLORID
	Barbara (at (954) 557-663	
	(Name	of Person)	(Area Code & Daytime	Telephone Number)
Enclose	ed is a check fo	or the following amount:		
I \$125.	.00 Filing Fee		\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Checkt 338. del 03/06/05.		Registration Division of P.O. Box 63	Corporations	



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 10, 2005

BARBARA O GRANT GRANTS MARKETING SERVICES 2251 NW 41 AVE, APT 406 LAUDERHILL, FL 33313

SUBJECT: GRANTS MARKETING SERVICES

Ref. Number: W05000012536

We have received your document for GRANTS MARKETING SERVICES and your check(s) totaling \$130.00. 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) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 605A00016645

05 MAR 16 AM 8: 22

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Grants Marke	eting Services L.L.C.
	Byrand.
ARTICLE II - Address: The mailing address and street address o	f the principal office of the Limited Liability Company
C	Mailing Address:
Principal Office Address:	Maning Addicas.
2251 NW 41 ST Ave.Apt 406	2251 NW 41 Ave.Apt 406
Lauderhill Florida 33313	Lauderhill Florida 33313
	7.5
The name and the Florida street address	of the registered agent are: arbara Grant Name Nw 41 Ave Apt. 406
<u> </u>	Name
2251 1	Nw 41 Ave Apt. 406
	street address (P.O. Box NO1 acceptable)
	street address (P.O. Box NOT acceptable)
Florida s Lauderhi	-

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:	
"MGR" = Manager		
"MGRM" = Managi	ng Member	
MGM	Barbara O Grant	
	2251 NW 41 Ave. Apt 406	
	Lauderhill FL.33313	
(Use attachment if n	ecessary)	
NOTE: An additio	onal article must be added if an effective date is requested 🛁 🗧 😪	
REQUIRED SIGN	ATURE:	FILED
		;
	100 d.	
Sig	gnature of a member or an authorized representative of a member.	ກ
		(p. 22
òf	gnature of a member or an authorized representative of a member. a accordance with section 608.408(3), Florida Statutes, the execution this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	2
	Barbara O Grant	

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)