

WS000057094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

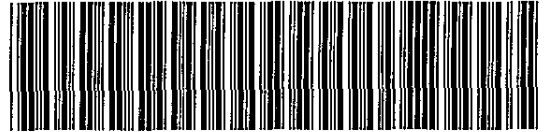
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200055121892

06/02/05--01028--010 **125.00

06 JUN -2 PM 1:52
06 JUN 2005
06 JUN 2005

WS-57094
AK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRUE GRIT, LLC.
(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:

CHRISTOPHER G. BLACKWELL
(Name of Person)

(Firm/Company)

1161 ORANGEWOOD AVENUE
(Address)

DELAND, FL 32724
(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTOPHER BLACKWELL at (386) 453-1142
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$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

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RECEIVED
TALLAHASSEE
JAN 2 2 PM 1:52

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TRUE GRIT, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1161 ORANGEWOOD AVENUE 1161 ORANGEWOOD AVENUE
DELAND, FL 32724 DELAND, FL 32724

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

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

CHRISTOPHER G. BLACKWELL
Name

1161 ORANGEWOOD AVENUE
Florida street address (P.O. Box **NOT** acceptable)
DELAND FL 32724
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..

Christopher Blackwell
Registered Agent's Signature

(CONTINUED)

FILED
2005 JUN -2 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

CHRISTOPHER G. BLACKWELL
1161 ORANGEWOOD AVENUE
DELAND, FL 32724

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Christopher G. Blackwell
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.)

CHRISTOPHER G. BLACKWELL
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)**

2005 JUN -2 PM 1:52
SECRETARY OF STATE
FILING & REC. DIV.