

**L05000096468**

**Florida Department of State  
Division of Corporations  
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**To:**

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

**From:**

**Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696**

**LIMITED LIABILITY COMPANY**

**grin n barrett, llc**

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

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TOTAL P.02

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**Grin N Barrett, LLC**

**ARTICLE II - Address:**

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

**1379 Shotgun Road  
Sunrise, FL 33326**

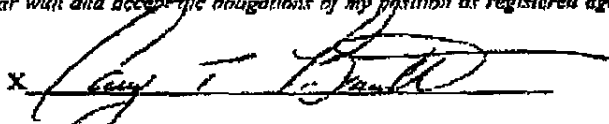
**ARTICLE III - Registered Agent, Registered Office, and Registered Agent's Signature:**

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

**Carey T. Barrett  
1379 Shotgun Road  
Sunrise, FL 33326**

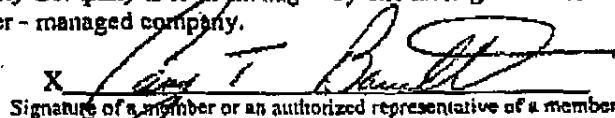
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*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. 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.*

X 

**ARTICLE IV - Management**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

X   
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 penalties of perjury that the facts stated therein are true.)

Carey T. Barrett  
Typed or printed name of signer

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