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()	Requestor's Name)
(/	Address)
·	Address)
PICK-UP	City/State/Zip/Phone #) WAIT MAIL
	Business Entity Name) Document Number)
	Certificates of Status
Special Instructions	to Filing Officer:

Office Use Only



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COVER LETTER

TO: Registration Sec Division of Corp		÷ - '	
SUBJECT: Gra.	(Name of Limited	CET SETULCE Liability Company)	LCC
The enclosed Articles of	Organization and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
Je55	Grantham	lame of Person)	
	<i>(14)</i>	ane of reison)	
Grani	than's Trac	ter Service	75 8
	(F	rim/Company)	DCT I
19226	worth by	(Address)	<u>υς</u> ω
		(Address)	A B B B B B B B B B B B B B B B B B B B
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19/19	hassee F/	52510	9 9
	(City/s	State and Lip Code)	and the second
For further information c	oncerning this matter, please ca	all:	
Je St Gran	thom	ot 1850 15\$5	37/6
Jest Gran	of Person)	at (850) 545 (Area Code & Daytime Tel	ephone Number)
Enclosed is a check for	r the following amount:		
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Address	<u> </u>
	Registration Section Division of Corporations	Registration Section Division of Corporation	ıs
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center (Tallahassee, FL 32301	Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Grantham's Tractor Service LLC
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
Jess Grandham	19226 North by N.W. Pd. 75/16hosses 12/32310
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its own business entity with an active Florida registration.)	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual of another
The name and the Florida street address of	Ties a series of the series of
Marion Comments	Jeff Grantham Find P 13
19226 North Florida str	reet address (P.O. Box NOT acceptable)
	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "MGR" = Manager "MGRM" = Managing Memb	Name and Address:
MGRM	Jest Grantham 19226 north by n.w. Rd Tollahassee Fl 323/0
	ST LAH
	PSE TO FLORE
(Use attachment if necessary)	
LE V: Effective date, if other effective date is listed, the date or 90 days after the date of	than the date of filing: (OPTION ate must be specific and cannot be more than five businfiling.)
REQUIRED SIGNATURE	:
Signature of (In accordance of this document)	

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)