

L05000107796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



800060817098

10/26/05--P1014--006 **161.00

Special Instructions to Filing Officer:

~~W05-49023~~

(Signature)
11/7/05

Office Use Only

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 NOV -7 PM 2:45

APPROVED
FILED



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 27, 2005

JAMES H. GRIFFITHS
1559 EARHART LANE
CASSELBERRY, FL 32707

SUBJECT: G R I PROPERTIES LLC
Ref. Number: W05000049023

We have received your document for G R I PROPERTIES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please correct Article II to reflect the principal place of business address and mailing address of the LLC to be filed.

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) 245-6853.

Leslie Sellers
Document Specialist

Letter Number: 805A00065194

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GRI PROPERTIES 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:

JAMES H. GRIFFITHS
(Name of Person)

GRI PROPERTIES LLC
(Firm/Company)

1559 EARHART LN
(Address)

CASSELBERRY, FL 32707
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES H. GRIFFITHS at (407) 468-0068
(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)

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GRI PROPERTIES 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:

~~1559 EARHART LN.
CASSELBERRY, FL
32707~~
JAMES H. GRIFITHS
NANCY J. ROTH
KEVIN B. INBALLS

~~SAME
1559 EARHART LN.
CASSELBERRY, FL
32707~~
1559 EARHART LN. CASSELBERRY, FL 32707
1559 EARHART LN. CASSELBERRY, FL 32707
1457 WADKON CIR, CASSELBERRY, FL 32707

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

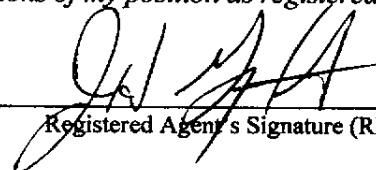
JAMES H. GRIFITHS
Name

1559 EARHART LN
Florida street address (P.O. Box **NOT** acceptable)

CASSELBERRY FL 32707
City, State, and Zip

APPROVED
AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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:

MGRM

JAMES H. GRIFFITHS
1559 EARHART LN
CASSELBERRY, FL 32707

MGRM

NANCY J. ROTH
1559 EARHART LN
CASSELBERRY, FL 32707

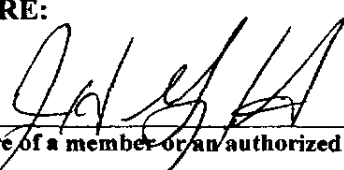
MGRM

KEVIN B. INBALLS
1457 WALKON CIR
CASSELBERRY, FL 32707

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)

JAMES H. GRIFFITHS

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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