

L05000107796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

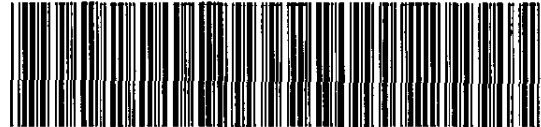
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Special Instructions to Filing Officer:

W05-49023

11/7/06

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10/26/05--P1014--006 \*\*160.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 NOV -7 PM 2006

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

(Name of Person)

at

(407) 468-0068

(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:

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

#### Mailing Address:

SAME  
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

SECRETARY  
AND  
CLERK  
TALLAHASSEE, FLORIDA

05 NOV -7 PM 2:46

APPROVED  
AND  
FILED

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.

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**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. INGRAMS  
1457 WALKER 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)