

W5000123646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

W5-123646

(Document Number)

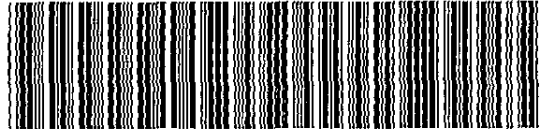
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GRANTS Services  
(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:

MAURICE GRANT  
(Name of Person)  
GRANTS Services  
(Firm/Company)  
PO Box 1433 Quincy Fla  
(Address)  
Quincy Fla 32353  
(City/State and Zip Code)

For further information concerning this matter, please call:

MAURICE GRANT at (950) 766-3955  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

The name of the Limited Liability Company is:  
GRANTS SERVICES, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
P. O. BOX 1433  
QUINCY, FLORIDA US 32353

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida address of the registered agent is:  
MAURICE GRANT  
8701 SALEM ROAD  
QUINCY, FLORIDA 32352

Having been named as registered agent and to accept services 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.

Registered Agent Signature: \_\_\_\_\_

MAURICE GRANT

Effective DATE 1/1/06

## Article V

The name and address of managing member/manager is:

Title: Manager/Member

MAURICE GRANT

P. O. Box 14333

Quincy, Florida 32353

Signature of member or an authorized representative of a member

Signature: \_\_\_\_\_

MAURICE GRANT

*Effective 1/1/06*