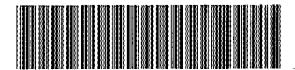
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	71100 JAN.
	SECRETARY OF STATE TALLAHISSEE, FLORIDA
(Requesto	or's Name)
(Address)	· · · · · · · · · · · · · · · · · · ·
(Address)	
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documer	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing Officer:	
WO6-13#1	

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FLORIDA DEPARTMENT OF STATE Division of Corporations

SECRETARY OF STATE TALLAHASSEE, FLORIDA

January 11, 2006.

LARRY ELLIOTT REMAX CAPITAL GROUP REALTORS 1435 PIEDMONT DR. E. TALLAHASSEE, FL 32308

SUBJECT: GRANT ELLIOTT DEVELOPMENT L.L.C.

Ref. Number: W06000001341

Upon receipt of your letter and/or check(s) totaling \$155.00, no document was found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 006A00002131

#### **COVER LETTER**

FILED

TO: Registration Section	2006 JAN -6 P 12: 42	
Division of Corporations	SECRETION	
	TALLAHASSEE, FLORIDA	
SUBJECT: GRANT ELLIOT	T DEVELOPMENT LLC.	
(Name of Lim	SECRETARY OF STATE TALLAHASSEE, FLORIDA ted Liability Company)	
	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited	
Please return all correspondence concerning this m	atter to the following:	
LARRY	EZLIGTT me of Person)	
(Na	me of Person)	
:		
REMAX CAPITAL	GROUP REALTORS	
(Fir	m/Company)	
1435 PREDMONT	DR. E.	
	(Address)	
TAILAHASSE	(Address)  All the second seco	
(City/Sta	ate and Zip Code)	
For further information concerning this matter, please call:		
LARRY ELIOTT (Name of Person)	at (850 ) 668-2008	
(Name of Person)	(Area Code & Daytime Telephone Number)	
MAILING ADDRESS:	STREET ADDRESS:	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\text{Certificate of}\$	■ \$155.00 Filing Fee & ■ \$160.00 Filing Fee, Certificate  Status Certified Copy of Status & Certified Copy	

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

2006 JAN -6 P 12:

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE SEE, FLORI, UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

2. The name	e and the Florida street address of the registered agent and office are:
	:
	LARRY EUOTT (Name)
	1435 PEDMONT DR. E. Florida Street Address (P.O. Box NOT ACCEPTABLE)
	TALCAHASSEE FL. 32308 City/State/Zip
	City/State/Zip
iability comp agent and ag	named as registered agent and to accept service of process for the above stated limited vany at the place designated in this certificate, I hereby accept the appointment as regist ree to act in this capacity. I further agree to comply with the provisions of all statutes e proper and complete performance of my duties, and I am familiar with and accept the

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

· · ·	2006 JAN -6 P.12: 11.3	
ARTICLES OF ORGANIZATION FOR FLO	ORIDA LIMITED LIABILITY COMPANY: 43	
ARTICLE I - Name:	ORIDA LIMITED LIABILITY COMPANY 43 TALLAHASSEE, FLORIDA	
The name of the Limited Liability Company is:		
Grant Elliott Development, LLC		
(Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address:		
	ncipal office of the Limited Liability Company is:	
D 1 1 200 A 11	T	
Principal Office Address:	Mailing Address:	
1435 E. Piedmont Drive	1435 E. Piedmont Drive	
Tallahassee, Florida 32308	Tallahassee, Florida 32308	
<u> </u>		
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:		
Larry G. Elliott		
Name		
1435 E. Piedmont Drive		
Florida street address (P.O. Box NOT acceptable)		
Tallahassee,	FL 32308	
City, State, an	d Zip	
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete perj	scept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S	

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

The name and address of each Manager or Managing Member is as follows? All-6 P 12:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member "MGRM" Larry G. Elliott 1435 E. Piedmont Drive Tallahassee, Florida 32308 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: January 1, 2006 (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.) Larry G. Elliott Typed or printed name of signee

Filing Fces:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

ARTICLE IV- Manager(s) or Managing Member(s):