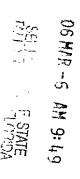
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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
		39
	Office Use Only	( ) and .



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### **COVER LETTER**

TO:

Registration Section Division of Corporations

## SUBJECT: GRACE BROTHERS CONSTRUCTION, 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:

Nathan Sc	ott Greer		
	1)	Name of Person)	
			A.C.
	(1	Firm/Company)	الله الله الله الله الله الله الله الله
2541 SW	9th Place		
		(Address)	Ti
Cape Cor	al, FL 3390	4	STATE CRID.
	(City/	State and Zip Code)	14.
Nathan Scott G (Name of Pe	rson)	at (Area Code & Daytime Te	-8378 Elephone Number)
	\$130.00 Filing Fee & rtificate 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)
Re Di P.	ailing Address gistration Section vision of Corporations O. Box 6327 Illahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center	ns

Tallahassee, FL 32301

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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

#### GRACE BROTHERS CONSTRUCTION, 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:
2710 Del Prado Blvd. #2, Suite #103 Cape Coral, FL 33904	2710 Del Prado Blvd. #2, Suite #103 Cape Coral, FL 33904
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regista business entity with an active Florida registration.)  The name and the Florida street address of the re-	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another  9
Nathan Scott Greer	
Name	
2541 SW 9th Place Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Cape Coral City, State, a	FL 33914

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)
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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR — Managing Member	Nathan Scott Greer  2541 SW 9th Place Cape Coral, FL 33914
MGRM	Timothy Allen Greer 2706 SE 17th Place Cape Coral, FL 33904
MGRM	Jerry Scot Pace 1330 Harborview Drive N. Fort Myers, FL 33917
MGRM	Doug Marchand  5217 Berkeley Drive
(Use attachment if necessary)	9: 49
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
_	Sulf Juli 3-1-06  per or an authorized representative of a member.  ection 608.408(3), Florida Statutes, the execution
of this document cons that the facts stated	stitutes an affirmation under the penalties of perjury

Nathan Scott Greer

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)