

L06000049176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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John

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05/01/06--01051--016 **160.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 MAY - 1 AM 11:09

APPROVED
AND
FILED

Matthew Steingraber
Danielle Steingraber
4620 Bay Blvd, # 1128
Port Richey, FL 34668

April 27, 2006

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

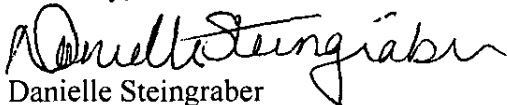
RE: Grabberbags, LLC

To Whom It May Concern:

Enclosed are the Articles of Organization for Grabberbags, LLC. Also enclosed, is a check for the Filing Fee, Certificate of Status and Certified Copy. An additional copy of the Articles of Organization are enclosed for the Certified Copy.

If additional information is required, both Managers may be reached at the above address or by phone at 727-742-5080, or by email at d_bartolotta@yahoo.com.

Sincerely,

A handwritten signature in cursive script, appearing to read "Danielle Steingraber".

Danielle Steingraber
Registered Agent and Manager

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Grabberbags, 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:

Danielle Steingraber
(Name of Person)

Grabberbags, LLC
(Firm/Company)

4620 Bay Blvd, #1128
(Address)

Port Richey, FL 34668
(City/State and Zip Code)

For further information concerning this matter, please call:

Matthew Steingraber at (727) 742-5080
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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

Grabberbags, 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:

4620 Bay Blvd, #1128

Port Richey, FL 34668

Mailing Address:

4620 Bay Blvd, #1128

Port Richey, FL 34668

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:

Danielle Steingraber

Name

4620 Bay Blvd, #1128


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

Port Richey, FL 34668

FL

City, State, and Zip

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

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TALLAHASSEE, FLORIDA

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AND
FILED

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:

MGR

Danielle Steingraber

4620 Bay Blvd, #1128

Port Richey, FL 34668

MGR

Matthew Steingraber

4620 Bay Blvd, #1128

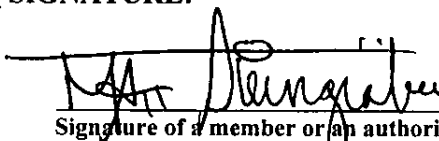
Port Richey, FL 34668

(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.)

Matthew Steingraber

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)