L07000010939

	_	
(Rec	juestor's Name)	
/Add	iress)	
(Add	11655)	
(Add	lress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL

(Bus	iness Entity Nar	ne)
	ument Number)	
(DOC	unent rumber)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
:		

Office Use Only



000086429510

01/29/07--01069--008 **160.00

OT JAN 29 PH 12: 14
SECRETATION OF THE SECRETATION

COVER LETTER

TO:

TO: Registration Section Division of Corporations	
SUBJECT: GRF Enterprises	
(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:	
Garry Randall Fortner	
(Name of Person)	Allow I Head to
GRF Enterprises LLC	
(Firm/Company)	· · · · · · · · · · · · · · · · ·
15 North Atlantic Ave, #205	
(Address)	
Cocoa Beach, FL 32931	
(City/State and Zip Code)	* ***** == \$\frac{1}{2}
For further information concerning this matter, please call:	
Garry Randall Fortner at (321) 4313883	
(Name of Person) (Area Code & Daytime Telephone Number)	est the first terms of the
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}} Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations	W 1997A ·

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADDICT DI Manage

The name of the Limited Liability Compan	ry is:
GRF Enterprises 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 t	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
15 North Atlantic Ave, #205	4933 Waterside Drive
Cocoa Beach, FL 32931	Port Richey, FL 34668
	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
Garry Randall Fortner	SEC ALL
	Name AFF 7
15 North Atlantic Ave,	Wame #205 set address (P.O. Box NOT acceptable) FL 32931 FL 32931
Florida stre	eet address (P.O. Box NOT acceptable)
Cocoa Beach	FL 32931
City, S	State, and Zip
Having been named as registered agent an	nd to accept service of process for the above stated limited

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	Garry Randall Fortner 15 North Atlantic Ave, #205 Cocoa Beach, FL 32931
(Use attachment if necessary) ARTICLE V: Effective date, if other than (If an effective date is listed, the date mu to or 90 days after the date of filing.)	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
(In accordance with of this document of that the facts sta	th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ted herein are true.) 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)