

Division of Corporations Public Access System

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To:

Division of Corporations

: (850)617-6383 Fax Number

From:

Account Name : CSH SERVICES, LLC Account Number: I20070000160 : (800)494-3124 Phone : (561)455-9885 Fax Number

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Grier Specialty Services, Limited Liability Company

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# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

#### ARTICLE I NAME

The name of the Limited Liability Company is:

Grier Specialty Services, Limited Liability Company

#### ARTICLE II ADDRESS

The street address of the principal office of the Limited Liability Company is:

25359 Second St

Summerland Key, FL 33042

## ARTICLE III REGISTERED AGENT. REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

The name and the Florida street address of the registered agent are:

Renee S. Grier

25359 Second St

Summerland Key, FL 33042

Having been named as registered agent 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..

RENEE'S, GRIER / Registered Agent's Signature

#### ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more member therefore, a Member Managed Company.

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GRIER SPECIALTY SERVICES, LIMITED LIABILITY COMPANY

#### ARTICLE V MEMBERS (optional)

MANAGING MEMBER:

Renee S. Grier

25359 Second St

Summerland Key, FL 33042

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Signature of a member or an authorized representative of a member (In accordance with section 608.408(3), Florida Statutes, the execution of the document constitutes an affirmation under the penalties of perjury that the document stated herein are true.

Renee S. Grier

Typed or printed name of signee

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