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**EXAMINER** 

## COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	PAM GRAETZER, LLC 。
3010	(Name of Limited Liability Company)
The en	aclosed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	PAMELA GRAETZER
	(Name of Person)
	PAM GRAETZER, LLC
	(Firm/Company)
	18 TIDY ISLAND BLVD
	(Address)
	BRADENTON, FLORIDA 34210
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
PA	M GRAETZER at (941) 527 1453  (Name of Person) (Area Code & Daytime Telephone Number)
Enclo	osed is a check for the following amount:
<b>\$12</b> :	5.00 Filing Fee \$\bigcup \\$130.00 Filing Fee \& \bigcup \\$155.00 Filing Fee \& \bigcup \\$160.00 Filing Fee,  Certificate of Status \$\bigcup Certified Copy (additional copy is enclosed)  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

(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Bridg Islamo Blvo Braden ton Florida 34210	18 TIDY ISLAND BLVD BRADENTON, FL 34210
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re	gistered agent are:
Candace E. Brue	<del></del>
1111 3rd ave.	ess (P.O. Box NOT acceptable)  FL 34205

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..

.

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Registered Agent's Signature (REQUIRE

(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:

"MGR" = Manager "MGRM" = Managing Me	Name and Address:
MGRW = Managing Me	ember
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(Use attachment if necessa	ary)
(Use attachment if necessa	· · · · · · · · · · · · · · · · · · ·
CLE V: Effective date, if oth	ner than the date of filing: (OPTIONA ate must be specific and cannot be more than five business day
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CLE V: Effective date, if oth ffective date is listed, the dot days after the date of filing REQUIRED SIGNATURES Signature (In according to the date of the date o	ate must be specific and cannot be more than five business day ag.)  RE:  of a member or an authorized representative of a member.  dance with section 608.408(3), Florida Statutes, the execution
CLE V: Effective date, if oth ffective date is listed, the dot days after the date of filing REQUIRED SIGNATURES Signature (In accordance of this dot hat the	ner than the date of filing: (OPTIONA ate must be specific and cannot be more than five business day ag.)  RE:  of a member or an authorized representative of a member.

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)