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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJI	ест : ^G	RANCO ENTERPRI		
		(Name of Li	imited Liability Company)	
The en	nclosed Articles o	of Organization and fee(s)	are submitted for filing.	
Please	return all corresp	condence concerning this	matter to the following:	
	Fra	n k Henley		
			(Name of Person)	
GRAN	co			
			(Firm/Company)	
	P.O. Bo	x 331		
			· (Address)	
120	netwink	Florida, 3200	۱ <i>७</i>	
D,	ostwick,		(City/State and Zip Code)	
			• •	
For fur	rther information	concerning this matter, pl	ease call:	
			•	
	Frank He			25-1006
	(Name	e of Person)	(Area Code & Daytime Tele	pnone Number)
Enclos	sed is a check for	or the following amount	: :	
		Certificate of Status	& □\$155.00 Filing Fee & 🖾	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Clifton Building	



March 17, 2008

FRANK HENLEY PO BOX 331 BOSTWICK, FL 32007

SUBJECT: GRANCO ENTERPRISES, LLC

Ref. Number: W08000013986

We have received your document for GRANCO ENTERPRISES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 308A00016033

Neysa Culligan Document Specialist

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Co	ompany is:
GRANCO ENTERPRISES	LLC Limited Liability Company, "L.L.C.," or "LLC.")
	Elimina Blabinty Company, E.B.O., or BBO.
ARTICLE II - Address: The mailing address and street addres	ess of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address;
508 Gedar Geeck RE	P.O. Box 331
Bostwick,F1-	uaBostwick,Fl 32007-0331
	Henley Name 332 TO 8 CED BR CREEKS ROAD Trida street address (P.O. Box NOT acceptable) FL FL
Bostwi	City, State, and Zip 32007

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	MGR	Frank Henley MGR
		P,O, Box 331 Bostwick,Fl. 32007-3
	-	
	(Use attachment if necessary)	
(If a	n effective date is listed, the date mu · 90 days after the date of filing.)	the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior
	REQUIRED SIGNATURE:	EASSEE TO
	(In accordance wi	th section 608.408(3), Florida Statures, the execution constitutes an affirmation under the penalties of perjury ated herein are true.)
	Frank H	enley 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)