L08000042512

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200125815082

Effective Date 05/01/08

04/28/08--01047--013 **125.00

SECRETARY OF STATE STATE STATE OR ADD 28 AM 8: 59

J. BRYAN

APR 2 9 2008

EXAMINER

COVER LETTER

TO: Registration Division of	n Section Corporations			
SUBJECT: G	LG. ENTERPI (Name of Limi	RISES LL (ted Liability Company)	<u>C.</u>	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles	of Organization and fee(s) are	submitted for filing.		
Please return all corre	espondence concerning this mat	tter to the following:		
<u>G</u>	TARY GRIN	DLE		<u> </u>
	,	(Name of Person)		
	<u>.</u>	(Firm/Company)		
	DAYTONA CO	PLACE		<u> </u>
		(Address)		VISION NEC
	DAYTONA :	BEACH F	-L 321	114名器
 	(Cit	y/State and Zip Code)		8 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	n concerning this matter, please			AN 8: 59
BONNIE	BARNARD ne of Person)	at (<u>386)</u> 7	61-3181	59
(Nan	ne of Person)	(Area Code & Dayti:	me Telephone Number)	
Enclosed is a check	for the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of	Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Ad Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n rations enter Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		O PLESS
The name of the Limited Liability Company is:		SECRETARY NISION OF 28
		A STATE
(Must end with the words "Limited Liability Compa	1385 LLC	0 000
(Must end with the words "Limited Liability Compa	my, "L.L.C.," or "LLC.")	3 999
ARTICLE II - Address:		Company St.
The mailing address and street address of the principal	office of the Limited Liability (Company S:
Principal Office Address: Maili	ng Address:	
Trincipal Office Address.	ng Autoress.	
114 PALM PLACE		
DAYTONA BEACH		
FL 32114		
ARTICLE III - Registered Agent, Registered Office, The Limited Liability Company cannot serve as its own Registered Agent business entity with an active Florida registration.)	& Registered Agent's Signate. You must designate an individual or and	ure: other
The name and the Florida street address of the registered	d agent are: Effective Date	05/01/08
GARY GRINDL Name	٤	1 1
114 PALM PLA	<u> </u>	
Florida street address (P.O.	Box NOT acceptable)	
DAYTONA BEACHEL	32114	٠
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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MER	GARY GRINDLE 114 PALM PLACE DAYTONA BEACH, FL 32114
	08 P
(Use attachment if necessary)	08 APR 28 ATT 0
CLE V: Effective date, if other than the effective date is listed, the date must look days after the date of filing.)	
REQUIRED SIGNATURE:	
Signature of a memb	er of an authorized representative of a member.
(In accordance with se of this document cons that the facts stated	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury

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)