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T. HAMPTON

JUN 1 3 2008

EXAMINER

COVER LETTER

Division of Corporations				
SUBJECT: GRIFFCO L	.LC			
(Name of Limited Liability Company)				
The enclosed Articles of Organizati	on and fee(s) are submitt	ed for filing.		
Please return all correspondence co	ncerning this matter to th	e following:		
John Griffin		•		
	(Name o	f Person)		
Griffco LLC				
	(Firm/C	ompany)		
2131 Water Ke	ey Dr.			
	(Add	lress)		
Winderemere, FL 34787				
(City/State and Zip Code)				
For further information concerning	this matter, please call:			
John Griffin	at (202 , 258-402	26	
(Name of Person)		(Area Code & Daytime Tele	phone Number)	
Enclosed is a check for the follow	wing amount:			
\$125.00 Filing Fee \$130.00 Certific	ate of Status Ce	i5.00 Filing Fee & Trified Copy ditional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Division P.O. Box	ion Section of Corporations	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Cl Tallahassee, FL 32301	ircle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Con	npany is:
GRIFFCO LLC.	
(Must end with the words "Lir	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2131 Water Key Dr.	Griffco LLC
Winderemere, FL 34787	2131 Water Key Dr.
	Winderemere, FL 34787
The name and the Florida street addres John Griffin	s of the registered agent are: Name
2131 Water	Key Dr. a street address (P.O. Box NOT acceptable)
Winderemer	e, FL 34787
	ty, State, and Zip
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con	at and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as s capacity. I further agree to comply with the provisions of almplete performance of my duties, and I am familiar with and n as registered agent as provided for in Chapter 608, F.S
0.1	

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608-408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

John Griffin

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)

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SECKETARY OF STATE
TALLAHASSEE, FLORIDA