Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000235741 3)))



H080002357413A/9C

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

SOCT 14 PM 2: 29
SECREINST OF STATE

Division of Corporations

Fax Number : (850)617-6383

Account Name : FASTKIT CORPORATE OUTFITS

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

FLORIDA/FOREIGN LIMITED LIABILITY CO.

GRANDMA'S SERVICES OF THE VILLAGE L.L.C

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

J. BRYAN

OCT 1 5 2008

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	TICL.	ΕI	- Na	me

The name of the Limited Liability Company is:

GRANDMA'S SERVICES OF THE VILLAGES L.L.C

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

14100 SE 61 CT	14100 SE 61 CT	
SUMMERFIELD,FL. 34491	SUMMERFIELD,FL, 34491	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Plorida registration.)	wed Apene. Von more designate an individual or another	08
The name and the Plorida street address of the re	egistered agent are:	08 007
ESPERANZA BLANC	00	
Name		
14100 SE 61 CT		W IO:
Florida street addr	rass (F.O. Box <u>NOT</u> acceptable)	
SUMMERFIELD,FL.	34491	03
City, State, ar	nd 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

Ţ.

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Me	ember
MBRM	ESPERANZA BLANCO
	14100 SE 81 Z7
	SUMMERFIELD,FL, 34491
MGR	SAMANTHA M. PEREZ
	14100 SE 61 67
	SUMMERFIELD, FL 34491
MGR	SAMANTHA M. PEREZ 14100 SE 61 67 SUMMERFIELD, FL 34491 TULIO PEREZ 14100 SE 61 CT SUMMERFIELD FL 34491
CIBIL	14100 SE BLCT
	SUMMERFIELD FL 24491
·	
(Use attachment if necessu	ry)
`	
` LEV: Effective date, if oth	er than the date of filing: (OPTIONAL)
LE V: Effective date, if off Rective date is listed, the d	ner than the date of filing: (OPTIONAL) nete must be specific and cannot be more than five business days p
(Use attachment if necessa LE V: Effective date, if off Rective date is listed, the did days after the date of filin	ner than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business days p
LE V: Effective date, if off Tective date is listed, the d	ner than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business days p
LE V: Effective date, if off fective date is listed, the did days after the date of filin	ner than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business days [g.)
LE V: Effective date, if off fective date is listed, the did days after the date of filin	ner than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business days [g.)
LE V: Effective date, if othe discrive date is listed, the didays after the date of filing	ner than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business days [g.)
LE V: Effective date, if off fective date is listed, the did days after the date of filin	ner than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business days [g.)
LE V: Effective date, if off fective date is listed, the did days after the date of filing REQUIRED SIGNATUR	ner than the date of filing: ate must be specific and cannot be more than five business days pg.) The specific and cannot be more than five business days pg.)
LE V: Effective date, if off Mective date is listed, the di- days after the date of filing REOUIRED SIGNATUR Signature	ter than the date of filing: ate must be specific and cannot be more than five business days pg.) (CPTIONAL) ate must be specific and cannot be more than five business days pg.) (CE: of a member or an authorized representative of a member. The specific and cannot be more than five business days pg.)
LE V: Effective date, if other fective date is listed, the didays after the date of filing REOUIRED SIGNATURES Signature (in accordant of this dot	ter than the date of filing:
EV: Effective date, if other fective date is listed, the didays after the date of filing records after the date of filing records of this document of this document that the	ate must be specific and cannot be more than five business days pg.) EE: of a member or an authorized representative of a member. name with section 608,408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury facts stated iterain are true.)
EV: Effective date, if other fective date is listed, the didays after the date of filing records after the date of filing records of this document of this document that the	ter than the date of filing: