

LD9 000002228

(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

G. MCLEOD

JAN - 9 2009

EXAMINER



100138700181

12/15/08--01023--007 **130.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JAN - 7 PM 1:08

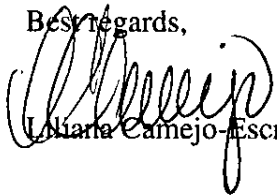
December 29, 2008

Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs,

As per your attached letter, I have modified the name of my corporations to: Grace International Services, LLC. I hope this modification is acceptable. Should you need additional information or other modifications, please contact me at 954-478-2770.

Best regards,


Liana Camejo-Escriva

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Grace International Services, LLC.

(Must end with the words "Limited 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:

5381 SW 186th Ave
SW Ranches, FL
33332

Mailing Address:

same

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Liliana Camejo - Escriva
Name

5381 SW 186th Ave
Florida street address (P.O. Box **NOT** acceptable)

SW Ranches FL 33332
City, State, and Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
09 JAN - 7 PM 1:08

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)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Name and Address:

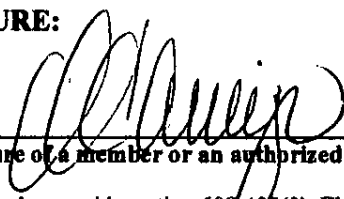
Liliana Camejo-Escriba
5381 SW 18th Ave
SW Ranches, FL 33332

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Liliana Camejo-Escriba

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)