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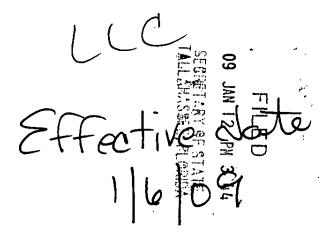
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N. CAUSSEAUX

JAN 1 3 2009

EXAMINER

COVER LETTER

TO: Regist Division	ration Section on of Corporations
SUBJECT:	DAVID J. GROFIC LLC (Name of Limited Liability Company)
	(Name of Limited Liability Company)
The enclosed A	rticles of Organization and fee(s) are submitted for filing.
Please return al	correspondence concerning this matter to the following:
<u> </u>	DAVID J. GROFIC (Name of Person)
•	· ·
	DAVID J. GROFIC LLC (Firm/Company)
	(Firm/Company)
. 5	1427 S.W. LANDING CREEK DRIVE (Address)
	(Address)
	PALM CITY, FLORIDA 34990 (City/State and Zip Code)
	(City/State and Zip Code)
For further info	rmation concerning this matter, please call:
DAVID	T. GROFIC at (772) 286-5792 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a c	heck for the following amount:
⊠ \$125.00 Filin	g Fee \$\int_{\text{\$130.00 Filing Fee}} \& \int_{\text{\$155.00 Filing Fee}} \& \int_{\text{\$160.00 Filing Fee}} \\ \text{Certificate of Status} \\ \text{(additional copy is enclosed)} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \end{additional copy is enclosed)}
,	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABIL **ARTICLE I - Name:** The name of the Limited Liability Company is: DAVID J. GROFIC 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: **Mailing Address:** 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: DAVID J. GROFIC Name Florida street address (P.O. Box NOT acceptable) PALM CITY FL 34990 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..

(CONTINUED)
Page 1 of 2

Registered Agent's

Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	DAVID J. GROFIC 5427 SW LANDING Creek Drive PALM CITY, FL 34990
	99 J
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(Use attachment if necessary)	
RTICLE V: Effective date, if other than an effective date is listed, the date mus or 90 days after the date of filing.)	the date of filing: (OPTIONAL) It be specific and cannot be more than five business days prior
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.)

DAVID J. GROFIC

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)