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C. LEWIS

MAR - 4 2009

EXAMINER

## **COVER LETTER**

TO:	Registration Division of C			
	Grate	Ideas of America,	HC	
SUBJ	ECT: Orato		ed Liability Compa	ny)
The er	iclosed Articles	of Organization and fee(s) are	submitted for filing	,
Please	return all corres	pondence concerning this mat	ter to the following:	
	Stephen .	J. Kolski, Jr.	_	
			(Name of Person)	
	Catlin Sa	xon Fink & Kolski,	LLP	
			(Firm/Company)	
	2600 Dou	iglas Road, Suite 1	1109	
			(Address)	
	Coral Gal	bles, FL 33134		
		(Ci	y/State and Zip Code	)
For fu	rther information	concerning this matter, pleas	e call:	
Stephen J. Kolski		at ( 305	371-9575	
	(Nam	e of Person)	(Area Code	371-9575 & Daytime Telephone Number)
Enclo	sed is a check f	or the following amount:		
□\$125	Certificate of Status Certified Copy Certificate of State (additional copy is enclosed) Certified Copy			y Certificate of Status &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bo 2661 Exe	urier Address on Section of Corporations uilding cutive Center Circle see. FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Com	apany is:				
Grate Ideas of America, LLC					
(Must end with the words "Lin	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:				
1417 S.W. 1st Avenue	1417 S.W. 1st Avenue				
Ft. Lauderdale, FL 33315	Ft. Lauderdale, FL 33315				
business entity with an active Florida registration.)  The name and the Florida street address  Stephen J. Kol	lski, Jr.				
2600 Douglas	Road, Suite 1109  street address (P.O. Box NOT acceptable)				
	street address (P.O. Box NOT acceptable)				
Coral Gables	<sub>FL</sub> 33134				
Cit	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	t and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of all applete performance of my duties, and I am familiar with and an as registered agent as provided for in Chapter 608, F.S				

Steph , Koloni &

Registered Agent's Signature (REOURED)

(CONTINUED)
Page 1 of 2

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EHED

ARTICLE IV- Manager(s) or Manag	RTICLE IV- Manager(s) or Managing Member(s):		
The name and address of each Manager  Title:	or Managing Member is as follows:  Name and Address:	2009 MAR -3	AM II:
"MGR" = Manager "MGRM" = Managing Member		SECRETARY OF STATALLAHASSEE, FLOR	
MGR	Daryl Soderman		
	1459 S.W. 18th Avenue		
	Ft. Lauderdale, FL 33312		
			1
-			
(Use attachment if necessary)			
LEV: Effective date, if other than the da	ate of filing:	(OPTIONAI	٠.
ffective date is listed, the date must be s I days after the date of filing.)	pecific and cannot be more (gan fiv	e business days	prior
REQUIRED SIGNATURE			
	Andrew -		
	r an authorized representative of a memi	ROW	

(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.) properties of member Daryl Soderman, Incorporator of member

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)