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EXAMINER

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## COVER LETTER

то:	Registration Section ' ' Division of Corporations
SUBJE	CT: Grow Duplex LLC (Name of Limited Liability Company)
The end	losed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
-	Craig H. Tyler (Name of Person)
-	(Firm/Company)
***	131 Oakwood Dr. (Address)
-	Lorgo, FL 33770 (City/State and Zip Code)
For furt	ner information concerning this matter, please call:
	Yaig H. Tyler at (727) 244-5821 (Area Code & Daytime Telephone Number)
Enclose	ed is a check for the following amount:  10 Filing Fee \$\Bigsup \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$
	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 LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Grow Duplex, L	LC
(Must end with the words "Limited Liabilit	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
131 Oakwood Dr. Largo, FL 33770	131 Oakwood Dr. Largo, FL 33770
ARTICLE III - Registered Agent, Registered [The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	
131 Oakwood	
Florida street addr Largo City, State, an	ress (P.O. Box <u>NOT</u> acceptable)  FL 33770  ad Zip
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S.

(CONTINUED) Page 1 of 2

Registered Agent's Signature REQUIRED)

FILED

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SELATION STATE
TALLAHASSEP STATE

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

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

Name and Address:
Craig H. Tyler 131 Oakwood Dr. Lorgo, FL 33770
date of filing: (OPTIONAl specific and cannot be more than five business days

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.)

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)