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Office Use Only



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Effective Date 05/31/09

06/04/09--01005--019 **130.00

FILED

09 JUN -3 PM 12: 47

SECRETARY OF STATE
AND AHASSEE, FLORID

J. BRYAN

JUN -4 2009

EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:		iyss Grant, LLC	
	Name of Limit	ted Liability Company	部 工
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	FILED SECRETARY OF STATE
Please return all corres	spondence concerning this mat	ter to the following:	55 P. P. O
	N	fary Woodard	L'ELST IS.
		Name of Person	7
		*	D. D.
*****	Kri	yss Grant, LLC	
		Firm Company	
	338	S Spruce Street	
		Address	
	·	Beach, Florida 33426	
	' Cit	y State and Zip Code	
***************************************		ard43@hotmail.com	
	n-man address: (to be used)	for future annual report notifical	uon)
For further information	n concerning this matter, please	e call:	
Mar	y Woodard	at (561)	346-6135
Name	e of Person		e Telephone Number
Enclosed is a check t	for the following amount:		
-	✓\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclose	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	7		
	Mailing Address Registration Section	Street/Courier Ad Registration Section	
	Division of Corporations	Division of Corpor	
	P.O. Box 6327 Tallahassee FL 32314	Clifton Building	mtor Cirolo

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	TASE 09	
The name of the Limited Liability Company	is:	
Kriyss Gra	ant IIC	
	ability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address:	2: LT	
The mailing address and street address of the	principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
338 Spruce Street	338 Spruce Street	
Boynton Beach, Florida 33426	Boynton Beach, Florida 33426	
The name and the Florida street address of the		
Mary V	Voodard	
!Nan	ne	
· · · · · · · · · · · · · · · · · · ·	uce Street	
Florida street address (P	.O. Box NOT acceptable)	
Boynton Beach		
City, State	s, and Zip	
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S	

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"MGR" = Manager	PR 5
"MGRM" = Managing M	ember Sign w
MGR	Name and Address: Christopher B. Grant 338 Spruce Street Boynton Beach, Florida 33426
	338 Spruce Street 75, 5
	Boynton Beach, Florida 33426
	and the same of th
MGR	Tabitha Pizzaro
	5145 Silver Creek Dr. Apt 192
	Houston, TX 77017
MGRM	Gilbert Carter
	103 Marion Street
	Fayville, NY 11782
MGRM	Mary Woodard
	338 Spruce Street
	Boynton Beach, Florida 33426
(Use attachment if necessary	
	ary)
ICLE V: Effective date, if of	her than the date of filing: 05/31/09 (OPTIONAL)
CLE V: Effective date, if of effective date is listed, the d	her than the date of filing:05/31/09 (OPTIONAL) late must be specific and cannot be more than five business days p
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CLE V: Effective date, if of effective date is listed, the dego days after the date of filing REQUIRED SIGNATURES Signature (In according this degree of the degree	her than the date of filing:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)