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DIVISION OF CORPORATIONS

T. HAMPTON

SEP - 9 2009

EXAMINER

COVER LETTER

TO:	Registration S Division of Co					
SUBJI	ECT:	Jon I	Darric	k Gro	pp, LLC	
		Name of Limi	ted Liab	ility Com	pany	
The en	closed Articles o	f Organization and fee(s) are	submitt	ed for fili	ing.	
Please	return all corresp	oondence concerning this ma	tter to th	e followi	ng:	
		Jo		ick Gro	рр	18 11
			Name o	of Person		
	Gropp, Jon Darrick					
	Firm/Company					
		2		ora Ave		
		_				
				, FL 3		
		ricky	2354@	2yahoo	o.com	
		E-mail address: (to be used		annual re	port notificatio	n)
For fur	ther information	concerning this matter, pleas	e call:			
		arrick Gropp	_ at (239	_)	560-8606
	Name	of Person		Area Co	de & Daytime	Telephone Number
Enclos	sed is a check for	or the following amount:				
] \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Ce	rtified C	ing Fee & copy opy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registra Divisio Clifton 2661 E	Courier Addration Section n of Corporat Building xecutive Cent ssee, FL 3230	ions er Circle

Effective Date 9/2/09

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE L No.						
The name of the Lin	េះ mited Liability Compan	y is:				
	Jon Darrick	Gropp, LLC				
(Mu	st end with the words "Limited I	Liability Company," "L.L.C.," or "LLC.")				
ARTICLE II - Add The mailing address		ne principal office of the Limited Lia	ability Company is:			
Principal Office Address:		Mailing Address:				
2354 Flora Ave		2354 Flora Ave				
Fort Myers, FL 33907		Fort Myers, FL 33907				
business entity with an a	ctive Florida registration.) lorida street address of t Jon Da	Registered Agent. You must designate an individual the registered agent are: arrick Gropp Jame				
	2354 Flora Ave					
	Florida street address	(P.O. Box NOT acceptable)				
Fort Myers, FL 33907 FL City, State, and Zip						
	City, Sta	ite, and Zip				
liability compan registered agent an statutes relating to	y at the place designatea d agree to act in this cap o the proper and complet	I to accept service of process for the a l in ihis certificate, I hereby accept the pacity. I further agree to comply with te performance of my duties, and I am registered agent as provided for in Cl	e appointment as the provisions of all 1 familiar with and			
	Registered Agent's S	ignature (REQUIRED)	SET			

(CONTINUED)

SECRETARY OF STATE DIVISION OF CORPORATIONS

09 SEP -8 AM IO: 17

Page 1 of 2

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

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

Title:		Name and Add	ress:	
"MGR" = Manag "MGRM" = Mar				
MGR		Jon Darrick Gr	орр	.=.
		2354 Flora Ave		
		Fort Myers, FL	_33907	
	_			
		*****		-
		•		
				
(Use attachment	if necessary)			
ARTICLE V: Effective	date, if other than the da	ite of filing:	9/2/09	(OPTIONAL)
If an effective date is lis o or 90 days after the da		pecific and cannot	be more than five b	usiness days prior
REQUIRED SIG	GNATURE:	1 21		
	Signature of a member of	or an authorized repre	esentative of a member	- •
	(In accordance with section of this document constitut that the facts stated herein	tes an affirmation unde	Statutes, the execution er the penalties of perjury	y
		on Darrick Gropp		
Filing Fees:		d or printed name of si	gnee	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE DIVISION OF CORPORATIONS