

LO9000088326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

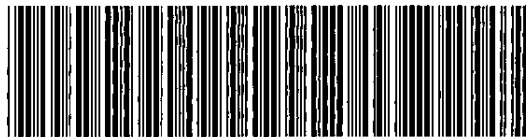
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/02/09--01014--014 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 11 AM 10:19

T. HAMPTON
SEP 14 2009
EXAMINER

090832-607

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Grandland 2, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Angelita Ham

Name of Person

Grandland 2, LLC

Firm/Company

1272 Camellia Lane

Address

Weston, FL 33326

City/State and Zip Code

casashin@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angelita Ham

Name of Person

at (954)

349-0047

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy 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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Angelita Ham
1272 Camellia Lane
Weston, FL 33326

Ms. Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section
Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

Re: Grandbank 2, LLC Articles of Incorporation

Dear Ms. Hampton:

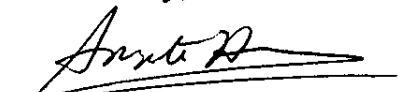
I received your letter of September 9, 2009 and was not aware that the word bank in our Corporate name would require special clearance. We will not be operating as a financial institution, so it will be easier to change our name of incorporation.

Enclosed please find the new Articles of Organization for:

Grandland 2, LLC

Everything else will be the same. Please contact me by email at casashin@yahoo.com if there are any other problems with this filing.

Sincerely,


Angelita Ham

Enclosures



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 SEP 11 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 3, 2009

ANGELITA HAM
1272 CAMELLIA LN
WESTON, FL 33326

SUBJECT: GRANDBANK 2, LLC
Ref. Number: W09000039806

We have received your document for GRANDBANK 2, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Written approval and clearance of the words BANK, BANC, BANCO, BANQUE, BANKER, BANKING, TRUST COMPANY, SAVINGS AND LOAN ASSOCIATION, SAVINGS BANK or CREDIT UNION, or words of similar import in any context or any manner must be obtained from the Office of Financial Regulation, pursuant to section 655.922(2a), Florida Statutes.

Enclosed is a "Corporate Name Approval Request" form to be completed and sent to the address indicated on the form. If the proposed name is approved by the Office of Financial Institutions, resubmit the document and the approval letter to the Division of Corporations for filing. The Office of Financial Institutions' phone number is 850-410-9800.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 709A00029498

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Grandland 2, 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:

1272 Camellia Lane
Weston, FL 33326

Mailing Address:

1272 Camellia Lane
Weston, FL 33326

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:

Steve Shin

Name

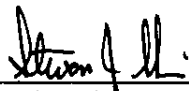
12555 Orange Drive, Suite 236

Florida street address (P.O. Box **NOT** acceptable)

Davie, FL 33330

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 11 AM 10:19

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Angel Ham

P.O. Box 561778

Miami, FL 33156-1778

MGMR

Angela Ham

P.O. Box 561778

Miami, FL 33156-1778

MGMR

Angelita Ham

1272 Camellia Lane

Weston, FL 33326

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Angelita Ham

Typed or printed name of signer

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)