09000088

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status <u>sate can</u>
Special Instructions to Filing Officer:
W09000039382

Office Use Only



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08/31/09--01038--011 **125.00

D. BRUCE

SEP 15 2009

EXAMINER

COVER LETTER

TO:	Registration Division of C					
SUBJE	ECT:		The Grind L.L.	~ ~ •		
		Name of Limit	ted Liability Company			
The en	closed Articles	of Organization and fee(s) are	submitted for filing.			
Please	return all corres	spondence concerning this mat	ter to the following:			
		v	Villiam Freitas			
			Name of Person			
			The Grind			
			Firm/Company	 		
		400				
		400	5 W Mullen Ave		···	
			Address		ZS S	>
		Та	mpa, FL 33609		ECR) } ~
		Ci	ty/State and Zip Code		A T	
		wfreit	tas00@verizon.net		A A	ָ ר
		E-mail address: (to be used:	for future annual report notification	n)		ſ
For fur	ther information	n concerning this matter, pleas	e call:		OF STATE. FLORI	
	1488	ion Fraktor	040	045 0550	95€ 2 €	
		iam Freitas	at (813) Area Code & Daytime 1	245-8559		
	. 1401114	o or r orban	Aca Code a Dayume	rerephone Namoer		
Enclos	ed is a check i	for the following amount:				
7 \$ 125.	00 Filing Fee	\$130.00 Filing Fee &	\$155.00 Filing Fee &	\$160.00 Fil	ling Fee	
		Certificate of Status	Certified Copy	Certificate	of Status &	
			(additional copy is enclosed)	Certified C	copy opy is enclosed)	
				,	• •	
		Mailing Address	Street/Courier Addr	<u>ess</u>		
		Registration Section Division of Corporations	Registration Section Division of Corporati	ions		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

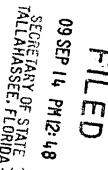


FLORIDA DEPARTMENT OF STATE Division of Corporations

September 1, 2009

WILLIAM FREITAS 4005 W MULLEN AVE TAMPA, FL 33609

SUBJECT: THE GRIND L.L.C. Ref. Number: W09000039382



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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return 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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 109A00029260

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Limi	: ted Liability Company i	ís:	
	Grind n	nedia LLC.	
(Must c	end with the words "Limited Lia	ability Company," "L.L.C.," or "LLC	.")
ARTICLE II - Addr The mailing address a		principal office of the Limit	ted Liability Company is:
Principal Office Add	lress:	Mailing Address:	
4005 W. Mullen Ave Tampa, FL 33609	.	4005 W. Mullen Ave. Tampa, FL 33609	
	any cannot serve as its own Re	red Office, & Registered Apgistered Agent. You must designate a	
The name and the Flo	rida street address of the	e registered agent are:	ZASE O
	William	r Freitas	9 S CRI CAT
-	Nan	ne	ASA TO TI
	4005 W. N	Mullen Ave.	FILE PHE
Florida street address		O. Box NOT acceptable)	E E M
	Tampa, FL 33609	FL	PHIZ: 48 OF STATE FLORIDA
	City, State	, and Zip	7 A 3 A 4 B A 3 B
liability company	at the place designated in	to accept service of process for this cert ficate, I hereby accepts. I further agree to compl	or the above stated limited expt the appointment as

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)

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:	
"MGR" = Man	ger naging Member
"MGKMI" = IM	naging Member
MGR	William Freitas
	4005 W. Mullen Ave.
	Tampa, FL 33609
•	
MGR	Phillip Beard
	13720 Orange Sunset Dr.
	Tampa, FL 33618
·····	······································
(Lico attachmor	::F===================================
	date, if other than the date of filing: 09/07/09 . (OPTIONAL) sted, the date must be specific and cannot be more than five business days prio
CLE V: Effective date is l	date, if other than the date of filing:
CLE V: Effective date is less than the contract of the contrac	date, if other than the date of filing: (OPTIONAL) sted, the date must be specific and cannot be more than five business days prio late of filing.)
CLE V: Effective date is less than the contract of the contrac	date, if other than the date of filing:
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CLE V: Effective date is less than the contract of the contrac	date, if other than the date of filing:
CLE V: Effective date is less than the contract of the contrac	date, if other than the date of filing:

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