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Special Instructions to	Filing Officer:	
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SEURETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 2 1 2009

**EXAMINER** 

# **COVER LETTER**

TO:	Registration 3 Division of Co			
SUBJ	ECT:	Grence	ar Management LLC	
2020		Name of Limit	ted Liability Company	
The en	closed Articles	of Organization and fee(s) are	submitted for filing.	
Please	return all corres	pondence concerning this mat	ter to the following:	
			Greg Murray	
			Name of Person	
		Grenca	r Management, LLC	<u> </u>
			Firm/Company	
		2158	Feather Sound Dr.	
			Address	09
			rwater, FL 33762	<u> </u>
			ty/State and Zip Code	- i
		murray	ygregw@yahoo.com motification m	3 1
For fu	rther information	concerning this matter, pleas	<u> </u>	51 :ZI
	Gre	eg Murray	at ( 727 ) 498-7073	
		e of Person	Area Code & Daytime Telephone Number	
Enclo	sed is a check f	for the following amount:		
<b>\$</b> 125	6.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)  \$160.00 Filing For Certificate of State Certified Copy (additional copy is enclosed)	itus &
		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	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:
Grencar Mana (Must end with the words "Limited Li	ability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2158 Feather Sound Dr Clearwater, FL 33762	2158 Feather Sound Dr Clearwater, FL 33762
ARTICLE III - Registered Agent, Register The Limited Liability Company cannot serve as its own Re business entity with an active Florida registration.)	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of the	ne registered agent are:
Greg	Murray AR S
Na	me ASAR P
2158 Feath	her Sound Dr
Florida street address (F	P.O. Box NOT acceptable)
Clearwater 33762	
City, State	e, and Zip
liability company at the place designated registered agent and agree to act in this capa 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 acity. I further agree to comply with the provisions of all experformance of my duties, and I am familiar with and existered agent as provided for in Chapter 608, F.S

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGR	Greg Murray 2158 Feather Sound Dr Clearwater, FL 33762		
List List to State Control of the Co		Penni	
<del></del>		O9 SEP I	
(Use attachment if necessary)		SING PINE 19	
ICLE V: Effective date, if other than the	<b>D</b>	ΓΙΟΝAL)	
REQUIRED SIGNATURE:			
Signature of symember	r or an authorized representative of a member.		
(In accordance with sec of this document consti that the facts stated here	tion 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury ein are true.)		
	Greg Murray		
	ped or printed name of signee		
<u>Filing Fees:</u>			

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

\$ 5.00 Certificate of Status (Optional)