

L09000111005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

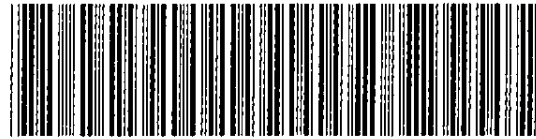
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
NOV 19 2009
EXAMINER

FILED
09 NOV 18 AM 8:57
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 11/18/09

REF. #: 000177.114666

CORP. NAME: GRASS RIVER CAPITAL, LLC

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 532642 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
GRASS RIVER CAPITAL, LLC**

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV 18 AM 8:57

The undersigned, being authorized to execute and file these Articles of Organization of **GRASS RIVER CAPITAL, LLC** (the "Limited Liability Company"), hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is:

GRASS RIVER CAPITAL, LLC

ARTICLE II — Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

2601 South Bayshore Drive
Suite 1425
Coconut Grove, Florida 33133

ARTICLE III — Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV — Registered Agent:

The name and address of the registered agent for service of process in the state shall be:

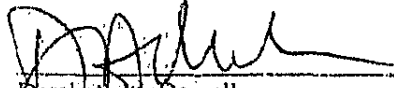
Derek A. McDowell
2601 South Bayshore Drive
Suite 1425
Coconut Grove, Florida 33133

ARTICLE V — Management:

The Limited Liability Company will be a manager-managed company.

ARTICLE VI - Indemnification


The Limited Liability Company shall indemnify and hold harmless its members and managers against any and all claims and demands whatsoever.


Derek A. McDowell
Authorized Signatory

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

GRASS RIVER CAPITAL, LLC

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, F.S.


Derek A. McDowell

Dated: November 10, 2009