

**09000118426**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address:

jcitro@dykema.com

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Grieb LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
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**T. CLINE**

DEC 15 2009

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GRIEB 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:

JOAN CITRO

Name of Person

DYKEMA GOSSETT, PLLC

Firm/Company

10 S. WACKER DRIVE, SUITE 2300

Address

CHICAGO, IL 60606

City/State and Zip Code

JCITRO@DYKEMA.COM

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

JOAN CITRO

Name of Person

at ( 312 )

627-2585

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

GRJEB 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:**

**Mailing Address:**

S BRLARBERRY CT.

LAKE GROVE, NY 11755

\* BRIARBERRY CT.

LAKE GROVE, NY 11755

**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:

**CT Corporation System**

**Name**

1200 South Pine Island Road

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

## Plantation

33324

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.

B<sub>4</sub>:

Registered Agent's Signature (REQUIRED):

(CONTINUED)

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TALLAHASSEE, FLORIDA

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1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

