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(Re	equestor's Name)	
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S. HAWKES

**EXAMINER** 



ATTORNEYS AT LAW
SUITE 602
501 BRICKELL KEY DRIVE
MIAMI, FLORIDA 33131

TEL (305) 375-8484 FAX (305) 374-2919 wtgroup@worldnet.att.net

February 1, 2010

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

Re: Grant Farms LLC – Articles of Organization

Dear Sir or Madam:

Please find enclosed Articles of Organization for Grant Farms LLC and required check made payable to the Florida Department of State for registration fee of \$125.00.

Should you have any questions, please contact me at (305) 375-8484 or tjo@wtgroup.com .

Regards,

Thomas J. & Sullivan

1.00l

Enclosures

5

## **COVER LETTER**

	gistration Section vision of Corporations
SUBJECT	
	Name of Limited Liability Company
The enclose	d Articles of Organization and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	THOMAS O'SULLIVAN
	Name of Person
	WHISENAND & TURNER, PA
	· Firm/Company
	501 BRICKELL KEY DR, SUITE 602
	Address
	, MIAMI, FL 33131
	City/State and Zip Code
	TJO@W-TGROUP.COM
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	THOMAS O'SULLIVAN at ( 305 ) 375-8484
, .	Name of Person Area Code & Daytime Telephone Number
Enclosed i	s a check for the following amount:
<b>√</b> \$125.00`F	Filing Fee \$\bigcup \\$130.00 \text{ Filing Fee & Certificate of Status}\$\$155.00 \text{ Filing Fee & Certificate of Status}\$\$\$ Certified Copy (additional copy is enclosed)\$\$\$ 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 1 - Name: The name of the Limited Liability Company	is:
GRANT FA	RMS LLC 28 6
(Must end with the words "Limited Li	iability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
14345 Palm Beach Point Blvd Wellington, Florida 33414	501 BRICKELL KEY SUITE 602 MIAMI, FL 33131
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)  The name and the Florida street address of the NATIONAL REGIST	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are: TERED AGENTS, INC
501 BRICKELL Florida street address (F MIAMI, FL 33131	P.O. Box NOT acceptable)  FL te, and Zip
Having been named as registered agent and 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 e performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED) Natural Registered Agent's To.

(CONTINUED)

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561-790-7324

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## Page 1 of 2

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Membe	T .
MGRM	MARY ANN GRANT
	14345 Palm Beach Point Blvd
	Wellington, Florida 33414
_	
<del>.</del>	
<i>a</i> , , , , , , , , , , , , , , , , , , ,	<del></del>
(Use attachment if necessary)	
LE V: Effective date, if other the	nan the date of filing: 1/28/10 (OPTIONAL)
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fective date is listed, the date is days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a  (In accordance of this document)	nust be specific and cannot be more than five business days

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)