

L1000050615

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fee audit number (shown below) on the top and bottom of all pages of the document.

((H10000114192 3)))



H100001141923ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : GRAY ROBINSON, P.A.
Account Number : I20000000092
Phone : (863) 284-2200
Fax Number : (863) 688-9771

FILED
10 MAY 11 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
GRITS CARLTON, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

D. BRUCE

MAY 12 2010

EXAMINER

RECEIVED

10 MAY 11 AM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H10000114192 3

ARTICLES OF ORGANIZATION
OF
GRITS CARLTON, LLC

The undersigned hereby presents these Articles of Organization for the formation of a Limited Liability Company pursuant to the Florida Limited Liability Company Act.

ARTICLE I
NAME

The name of the Limited Liability Company is GRITS CARLTON, L.L.C.

ARTICLE II
PRINCIPAL OFFICE

The mailing address of the principal office of the Limited Liability Company is 35502 Butts Landing, Dade City, Florida 33525-8219, and the street address of the principal office of the Limited Liability Company is 35502 Butts Landing, Dade City, Florida 33525-8219.

ARTICLE III
DURATION

The Limited Liability Company shall have perpetual existence, commencing on the date of the filing of these Articles of Organization.

ARTICLE IV
PURPOSE

The Limited Liability Company is organized for the purpose of transacting any and all lawful business.

H1000114192 3

FILED
10 MAY 11 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H10000114192 3

ARTICLE V
MANAGEMENT

The Limited Liability Company is to be manager-managed. The name and address of the Initial Manager is:

Ben R. Turner
35502 Butts Landing
Dade City, Florida 33525-8219

ARTICLE VI

INITIAL REGISTERED OFFICE AND INITIAL REGISTERED AGENT

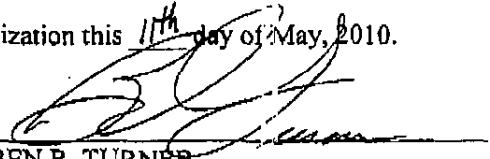
The street address of the initial registered office of the Limited Liability Company is 35502 Butts Landing, Dade City, Florida 33525-8219, and the name of the initial registered agent of the Limited Liability Company at that office is Ben R. Turner.

ARTICLE VII

INDEMNIFICATION

Except to the extent otherwise provided in the Operating Agreement of the Limited Liability Company, the Limited Liability Company shall indemnify each person or entity who was or is a Member, director, officer, employee or agent of the Limited Liability Company to the full extent permitted by law.

IN WITNESS WHEREOF, the undersigned, being an authorized representative of the Initial Manager, has executed these Articles of Organization this 11th day of May, 2010.


BEN R. TURNER

H10000114192 3

FILED
10 MAY 11 AM 8:59
CLERK OF STATE
TALLAHASSEE, FLORIDA

H10000114192 3

**CERTIFICATE OF DESIGNATION
OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 AND SECTION 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is GRITS CARLTON, LLC.
2. The name and street address of its initial Registered Agent and initial Registered Office are:

BEN R. TURNER
35502 Butts Landing
Dade City, Florida 33525-8219

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.


BEN R. TURNER

Date: May 11, 2010

FILED
10 MAY 11 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H10000114192 3