

**L10000053470**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

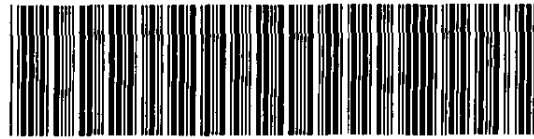
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 MAY 17 PM 3:47

**FILED**

**C. LEWIS**

MAY 18 2010

**EXAMINER**

# NEXSEN | PRUET

**Tori L. Davis**  
Legal Assistant

May 12, 2010

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

Re: GreyShore, LLC

Dear Sir or Madam:

Enclosed please find the Articles of Organization for GreyShore, LLC along with this firm's check to cover the filing fee. Please return a filed-stamped copy in the envelope provided. If you have any questions I can be reached at 1-800-234-6757. Thank you for your assistance.

Very truly yours,



Tori L. Davis

Enclosures

Charleston

Charlotte

Columbia

Greensboro

**Greenville**

Hilton Head

Myrtle Beach

Raleigh

55 East Camperdown Way  
Suite 400 (29601)  
PO Drawer 10648  
Greenville, SC 29603-0648  
[www.nexsenpruet.com](http://www.nexsenpruet.com)

**T** 864.282.1135  
**F** 864.282.1177  
**E** [TDavis@nexsenpruet.com](mailto:TDavis@nexsenpruet.com)  
Nexsen Pruet, LLC  
**Attorneys and Counselors at Law**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GreyShore, 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:**

**B. Joel Stoudenmire**

Name of Person

Nexsen Pruett, LLC

Firm/Company

P.O. Drawer 10648

**Address:**

Greenville, SC 29603

City/State and Zip Code

[jsaloudcnmire@nexsenpruet.com](mailto:jsaloudcnmire@nexsenpruet.com)

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

**For further information concerning this matter, please call:**

Tori Davis

81/ 864 282-1135

Name of Person

Area Code &amp; 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**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

GrayShore, 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:**

280 South Ronald Reagan Blvd., Suite 203  
Longwood, FL 32750

280 South Ronald Reagan Blvd., Suite 203  
Longwood, FL 32750

**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:

C T Corporation System

Name

1200 South Pine Island Road

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

Plantation

FL 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.*

By: C T Corporation System  
Michael Seraphin Michael Seraphin Asst. Secretary  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**  
The name and address of each Manager or Managing Member is as follows:

**Title:**  
"MGR" = Manager  
"MGRM" = Managing Member

**Name and Address:**

MGRM

Randall G. Crater  
280 South Ronald Regan Blvd., Suite 203  
Longwood, FL 32750

\_\_\_\_\_

\_\_\_\_\_

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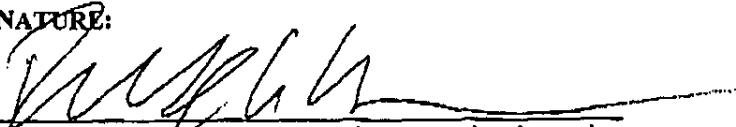
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\_\_\_\_\_

(Use attachment if necessary)


**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Randall G. Crater

  
Typed or printed name of signer

**Filing Fees:**

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