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(Re	equestor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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B. KOHR

EXAMINER

# **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJI	ECT: GREASE OUT LLC	ited Liability Company	
SUBJI	Name of Limited Liability Company		
The en	closed Articles of Organization and fec(s) ar	e submitted for filing.	
	return all correspondence concerning this ma	-	
	RON BENFIELD	EFFECTIVE DATE 1120	
		Name of Person	
		Firm/Company	
	EO CIOLIV CIDOLE	. ,	
	58 SIOUX CIRCLE	Address	
ı	HAVANA, FL 32333		
'		lity/State and Zip Code	
	Emily Hanny (as become		
For fur	ther information concerning this matter, plea	for future annual report notification)	
RON	I BENFIELD	at (850) 539-5171	
	Name of Person	Area Code & Daytime Telephone Number	
Enclos	sed is a check for the following amount:	·	
\$125.00	Filing Fee \$\sum \\$130.00 \text{ Filing Fee & Certificate of Status}	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy 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	



### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR	<b>FICI</b>	EI	- Nam	e :

The name of the Limited Liability Company is:

# GREASE OUT 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:
1590 BLOUNTSTOWN ST	1590 BLOUNTSTOWN ST
TALLAHASSEE, FL 32304	TALLAHASSEE, FL 32304

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

(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:

RON BE	NFIELD
	Name
58 SIO	UX CIRCLE
	Florida street address (P.O. Box NOT acceptable)
HAVANA	<sub>FL</sub> 32333
	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	r
MGRM	LOI NGUYEN
	1590 BLOUNTSTOWN ST
	TALLAHASSEE, FL 32304
MGRM	DENISE LE
	1590 BLOUNTSTOWN ST
	TALLAHASSEE, FL 32304
<del></del>	
<u> </u>	* * * * * * * * * * * * * * * * * * *
(Use attachment if necessary)	
	1

#### **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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

#### RON BENFIELD

Typed or printed name of signee

#### 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)