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TO: Registration Section Division of Corporations			
SUBJE	CCT: GRACE ESTATE BUYERS, LLC. Name of Limited Liability Company		
The end	closed Articles of Organization and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	PAUL BARATTINI Name of Person		
	Name of Person		
	GRACE ESTATE BUYEIRS LLC. Firm/Company		
	rimi/Company		
	1500 APALA CHEE PKWY., #2450 Address		
	74144455EE FL 32301 PE = City/State and Zip Code PE = T		
-	City/State and Zip Code 90/d buyer@ ymail. com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:			
	Paul Banattini at (850) 567-4653 E		
Enclos	ed is a check for the following amount:		
\$125.00	Filing Fee \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}\$\$155.00 \text{ Filing Fee & Certificate of Status}\$\$\$Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$\$\$Certified Copy (additional copy is enclosed)		
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:			
GAACE ESTAT (Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
1500 APALACHEE PKWY #2450 TALLAHASSEE FL 32301	1500 APALACHEE PKWY. #2450 TALLAHASSEE FL 37301		
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:			
PAUL BARATTINI			
Florida street address (P.O. Box NOT acceptable) TALLAHASSEEFL 3230 City, State, and Zip			
<u>TALLAHASSEEFL 3230 /</u> 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 Signat	SECRETARY ALLAHASSE ALLAHASSE		
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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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. 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.) 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)