# L110000326/4

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(Requestor's Name)
(Address)
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,
(City/State/Zip/Phone #)
, PICK-UP WAIT MAIL
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(Document Number)
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Effective Date 3/15/11

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T. HAMPTON

MAR 1 7 2011

EXAMINER

## **COVER LETTER**

' Registration ' Division of C	Section Corporations		
SUBJECT. ULTI	MATE GRANTS	LLC	
SUBJECT:		ed Liability Company	
	of Organization and fee(s) are		
Please return all corre	spondence concerning this mat	ter to the following:	
<u>Vivian T</u>	. Greene		
		Name of Person	·
ULTIMA	TE GRANTS LLC		
		Firm/Company	
8701 Via	a Ancho Road		
		Address	
Boca Rate	on, FL 33433		
<del></del>	Cit	y/State and Zip Code	<del> </del>
vivgreene(			
	E-mail address: (to be used to	for future annual report notification)	
For further information	n concerning this matter, please	e call:	
Vivian T. Green	ne	at ( 561 ) 487 6927	
Nam	e of Person	Area Code & Daytime Telep	ohone Number
Enclosed is a check	for the following amount:		
	\$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 C Tallahassee, FL 32301	ircle

# Effective Date 3/15/11

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The name of the Limited Liability Company is:

#### **ULTIMATE GRANTS 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:
8701 Via Ancho Road	8701 Via Ancho Road
Boca Raton, FL 33433	Boca Raton, FL 33433

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:

Vivian T. Greene	
	Name
8701 Via Ancl	ho Road
Florida str	eet address (P.O. Box NOT acceptable)
Boca Raton	FL 33433
C	lity, 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

SECRETARY OF STATE DIVISION OF CORPORATIONS

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

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

MGRM	Vivian T. Greene
	8701 Via Ancho Road
	Boca Raton, FL 33433
	<u> </u>
Use attachment if necessary)	
•	
EV: Effective date, if other than the	he date of filing: March 15, 2011 . (OPTIONA

**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.)

Vivian T. Greene

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)

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