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11 MAY -9 AM 14: 29

DIVISION OF CORPORATION

T. HAMPTON

MAY + 8 2011

EXAMINER

COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT: By (Grace Always, LL	.C.	
<u></u>		d Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles	s of Organization and fee(s) are s	ubmitted for filing.	
Please return all corre	espondence concerning this matte	r to the following:	
<u>Grecia</u>			
		Name of Person	
By Gra	ce Always, LLC.	F' (C	
19991	SW 87th Avenue	Firm/Company	
70001	OV OTHIT WORLD	Address	
Cutler B	ay, FL 33157		
hygrano	•	State and Zip Code	
bygracea	always@gmail.com E-mail address: (to be used fo	r future annual report notification)	<u></u>
For further information	on concerning this matter, please	call:	
Grecia Perez		at (786) 445-0831	
Nan	ne of Person	Area Code & Daytime Teleph	one Number
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	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 Cir	cle

Effective Date 5 5 11

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICL	EI	- N	ame:
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The name of the Limited Liability Company is:

Bv	Grace	Always,	LLC.
_,	U. U. U	, ,	

(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:
19991 SW 87th Avenue	19991 SW 87th AVENUE
Cutler Bay, FL 33157	CUTTER BAY, FC 33157

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 Elimited 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:

Grecia Perez	
	Name
19991 SW	87th Avenue
Florida	street address (P.O. Box NOT acceptable)
Cutler Bay	_{FL} 33157
	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

SECRETARY OF STATE
ONVISION OF CORPORATIONS

TO ALL MAY - Q AM 19: 29

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Grecia Perez 19991 SW 87 AVENUE CUTIER BAY, FL 33157
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the configuration (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: 5/5/11
REQUIRED SIGNATURE: Signature of a member	or an authorized representative of a member.
(In accordance with section 608.constitutes an affirmation under	408(3), Florida Statutes, the execution of this document 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.)

Grecia Perez

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)