## L110000069787

(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
JUN <b>15</b> 2010
EXAMINER

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## **COVER LETTER**

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то:	Registration Sec Division of Corp						
SUBJI	ECT: AGRO	PARTS AND N					•
		Name of Limi	ited Liability	Company			
The en	closed Articles of C	Organization and fee(s) are	e submitted f	or filing.			
Please	return all correspor	dence concerning this ma	itter to the fo	llowing:			
	RAUL A S	ANCHEZ					
			Name of Pe	rson	<b>-</b> 4		_
			Firm/Comp	any	2.3:	<del></del>	_ _
	11839 HA	CHER CIRCLE	=			SECF ALL!	79
			Address			子所	Ē
(	ORLANDO,	FL 32824				ے۔ لیڈا	
		Ci	ity/State and Z	ip Code		FLO FLO	<b>₹</b>
	raulsr@hotma	E-mail address: (to be used	for future ann	ual report notificatio	on)		#
For fur	ther information co	ncerning this matter, pleas	se call:			Þ	
RAU	L SANCHEZ		at (_407	<sub>)</sub> 668-71	15		
	Name of	Person	Ar	ea Code & Daytime	Telephone Number		
Enclos	sed is a check for	the following amount:					
<b>7</b> \$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certifi	0 Filing Fee & ed Copy nat copy is enclosed)	\$160.00 Fil Certificate of Certified Co (additional co	of Status & opy	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Re Di CI 26	reet/Courier Addr gistration Section vision of Corporat ifton Building 61 Executive Cent dlahassee, FL 3230	ions er Circle		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE I - Name:	
he name of the Limited Liability Company is:	
GRO PARTS AND MACHINERY LLC	
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	
RTICLE II - Address:	
he mailing address and street address of the principal office of the Limited Liability Company	is:

Principal Office Address:	Mailing Address:	
11839 HATCHER CIRCLE	SAME	
ORLANDO, FL 32824		
ARTICLE III - Registered Agent, I (The Limited Liability Company cannot serve as business entity with an active Florida registratio	Registered Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individual operather and individual operation in the control of the cont	
The name and the Florida street addre	ess of the registered agent are:	
GEORGE C D	!'' <u>O</u> ***	

12250 MENTA ST. SUITE #105

Name

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

**ORLANDO** 

FL 32837 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..

(CONTINUED)

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(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.)

RAUL A SANCHEZ

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) 1
- \$ 5.00 Certificate of Status (Optional)