

L11000079918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD
JUL 12 2011
EXAMINER



700209659537

07/11/11--01024--031 **155.00

FILED
11 JUL 11 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ROBERT KIT KOREY, P. A.
KOREY, SWEET, McKINNON, SIMPSON & VUKELJA
Attorneys and Counselors at Law

*Robert Kit Korey, P. A.
Jeffrey C. Sweet
Noah C. McKinnon, Jr., P. A.
David A. Vukelja, P. A.
Scott E. Simpson, P. A.
Abraham C. McKinnon
Jarett A. dePaula
R. Kevin Korey*

*Suite A, Granada Oaks Professional Building
595 West Granada Boulevard
Ormond Beach, Florida 32174
Telephone (386) 677-3431
Telefax (386) 673-0748*

July 7, 2011

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Articles of Organization

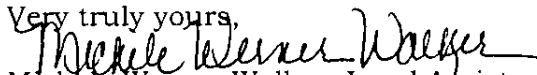
Gentlemen:

Enclosed please find Articles of Organization for filing with the Florida Department of State's office for the following company:

GRANDVIEW FLAGLER PARTNERS, LLC

I have enclosed a check in the amount of \$155.00 payable to the Florida Department of State in payment of the filing fees of \$125.00 and the designation of registered agent fee and \$30.00 for a certified copy of the Articles. Please return the certified copy in the envelope provided.

Should you have any questions regarding these enclosures, please do not hesitate to contact either myself or Mr. Korey.

Very truly yours,

Michele Werner Walker, Legal Assistant to
ROBERT KIT KOREY, ESQUIRE

:mww
Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GRANDVIEW FLAGLER PARTNERS, 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:

53 Pine Valley Circle
Ormond Beach, FL 32174

Mailing Address:

Post Office Box 731233
Ormond Beach, FL 32173

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:

Raymond E. Barshay

Name

53 Pine Valley Circle

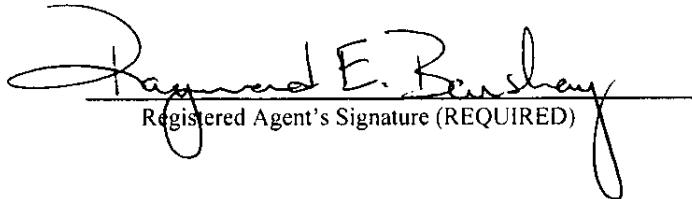
Florida street address (P.O. Box **NOT** acceptable)

Ormond Beach FL 32174

City, State, and Zip

FILED
JUL 11 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

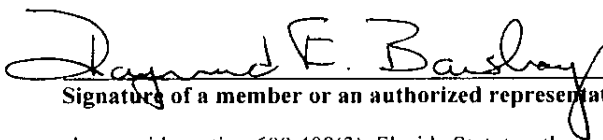
MGRM

Raymond E. Barshay
53 Pine Valley Circle
Ormond Beach, FL 32174

(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.)

Raymond E. Barshay

Typed or printed name of signer

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)