L11000117704

(Requestor's Name)	
(Address)	500213164715
(Address) (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	10/13/1101023011 **
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	EFFECTIVE DATE 10/6/201
	100

Office Use Only

B. KOHR

OCT 1 7 2011

EXAMINER



##125.00

COVER LETTER

TO:

Registration Section

Division of Corporations	*
SUBJECT: GRANT PLACE, LLC	
	mited Liability Company
The enclosed Articles of Organization and fee(s) are Please return all correspondence concerning this ma	
JUDITH MENDES	Name of Person
GRANT PLACE, LLC	
	Firm/Company
2250 SOUTH RIVER ROAD	EFFECTIVE DATE
	Address
MELBOURNE BEACH, FL 32951	City/State and Zip Code
ojmendes@aol.com	
	ed for future annual report notification)
For further information concerning this matter, plea	ase call:
JUDITH MENDES	_{at (} 321 ₎ 724-4647
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$\sumsymbol{\psi}\$	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy 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 s Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

EFFECTIVE DATE 10/6/2011

ARTICLE I - Name: The name of the Limited Liability Compar	ny is:
GRANT PLACE, LLC	Liability Company, "L.L.C.," or "LLC.")
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	he principal office of the Limited Liability Company is:

business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

JUDITH MENDES	
Name	
2250 SOUTH RIVER RO	AD
Florida street ad	dress (P.O. Box NOT acceptable)
MELBOURNE BEACH	FL32951

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.

sistered 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:

MGRM	JUDITH MENDES 2250 SOUTH RIVER ROAD
	MELBOURNE BEACH, FL 32951
MGRM	MARY BONENBERGER
	605 S MIRAMAR AVE, APT 3401
	INDIALANTIC, FL 32903
	
	
Use attachment if necessary)	
T	06 e date of filing: 10/ 04 /2011 (OPTION

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.)

JUDITH MENDES

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)