# 411000121543

(Requestor's Name)
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(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:

A. LUNT

OCT 25 2011

**EXAMINER** 

Office Use Only



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# **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: GrayCo Consulting LLC		
Name of Limited Liability Company		
The enclosed Articles of Organization and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:		
F. Lance Traughber	<del></del>	-T
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Traughber Financial/ T-Tax LLC	全 表	1007 24
	SK TO	ì
14347 W. Chubbuck Rd.	<u> </u>	至。
Address		
Pocatello, Idaho 83202-5360	Dimi P	<b>=</b>
City/State and Zip Code		
ttaxtime@cableone.net		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
F. Lance Traughber at (208 238-8829		
Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\sum \$130.00 Filing Fee \$\text{ S155.00 Filing Fee \$\text{ S160.00 Filing Fee } \text{ Certificate of Status Certified Copy Certificate of (additional copy is enclosed)} \text{ Certified Copy (additional copy is enclosed)}	f Status py	&

# **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 Circle Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

# GrayCo Consulting 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

## **Principal Office Address:**

**Mailing Address:** 

6717 NW 65th Terrace

Pompano Beach, Florida 33067

6717 NW 65th Terrace Pompano Beach, FL 33067

# 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:

Clark A. Gray

Name

# 6717 NW 65th Terrace

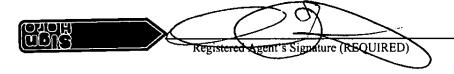
Florida street address (P.O. Box NOT acceptable)

Pompano

ะ 33067

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)

# **ARTICLE IV- Manager(s) or Managing Member(s):** The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Clark A Gray 6717 NW 65th Terrace Pompano Beach, FL 33067 Jennifer L Gray 6717 NW 65th Terrace Pompano Beach, FL 33067 (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.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

Clark A. Gray

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee