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(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(OnyrotatorElph Holle II)
PICK-UP WAIT MAIL
(Declarate Faith Mann)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
•
NOV - 7 2011

EXAMINER

Office Use Only



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COVER LETTER

	tration Section ion of Corporations			
SURJECT:	Gregg Investments I L	L.C.		
SOLULICIT		ited Liability Company		
The enclosed	Articles of Organization and fee(s) are	e submitted for filing.		
Please return a	ll correspondence concerning this ma	tter to the following:		
Jon	athan W. Gregg			
		Name of Person		
Gre	gg Investments I L.L.0	O		
		Firm/Company		
948	3 County Road 49			
		Address	SEC SEC	
Live	Oak, Fl. 32060		ZECRETAF ALLAHASI	7
		ity/State and Zip Code	-4 ARY SSE	
whit-	shot@hotmail.com	for future annual report notification)		IJ.
For further inf	ormation concerning this matter, pleas	-	STATE LORIDS	C
Jonathan	W. Gregg	at (386) 209-2078		
•	Name of Person	Area Code & Daytime Teleph	ione Number	
Enclosed is a	check for the following amount:			
\$125.00 Filing	Fee \$\int_\$130.00 Filing Fee & Certificate of Status	Certified Copy	\$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 Tallahassee, FL 32301	r cle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	estments I L.L.C		
	(Must end with the words "Limi	ted Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - The mailing add		f the principal office of the Limited Liability Com	pany is
Principal Office Address:		Mailing Address:	
9483 County Road 49		P.O. Box 969	
9483 County Ro	aa aa		
ARTICLE III - (The Limited Liabilit	Registered Agent, Reg y Company cannot serve as its o	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another	
ARTICLE III - (The Limited Liabilit business entity with	Registered Agent, Reg y Company cannot serve as its o an active Florida registration.)	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another	
ARTICLE III - (The Limited Liabilit business entity with	Registered Agent, Reg y Company cannot serve as its o an active Florida registration.) ne Florida street address	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:	7
ARTICLE III - (The Limited Liabilit business entity with	Registered Agent, Reg y Company cannot serve as its o an active Florida registration.) ne Florida street address	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are: 99 Name Road 49	
ARTICLE III - (The Limited Liabilit business entity with	Registered Agent, Reg y Company cannot serve as its o an active Florida registration.) ne Florida street address Jonathan W. Gre 9483 County	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are: 99 Name Road 49	7
ARTICLE III - (The Limited Liabilit business entity with	Registered Agent, Reg y Company cannot serve as its o an active Florida registration.) ne Florida street address Jonathan W. Gre 9483 County	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are: 99 Name Road 49	

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:

	' = Manager	ing Member	Name and Address:	
MGR	vi – Manag	ing Member	Jonathan W. Graga	- 2 °
IVIGR		-	Jonathan W. Gregg 9483 County Road 49	THE T
			Live Oak, FI 32060	76 2
MODI				AHASSET
MGR	Л	-	Justin B. Gregg	THE REPORT OF
			9483 County Road 49	To w
			<u>Live Oak, 32060</u>	72 60
		•		
		-		
			10-10-10-10-10-10-10-10-10-10-10-10-10-1	
				<u>.</u>
(Lise at	tachment if	necessary)		
(030 ac		necessury)		
TICLE V:	Effective dat	te, if other than the	e date of filing:	. (OPTIONAL)
	date is listed fter the date		e specific and cannot be more t	than five business days pri
REQU	<u>IRED</u> SIGN	NATURE:		
	- Si	Onuthan gnature of a memb	Degs er or an authorized representative o	f a member.
			8.408(3), Florida Statutes, the execution the penalties of perjury that the facts	stated herein are true.
			mation submitted in a document to the y as provided for in s.817.155, F.S.)	Department of State

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)

Typed or printed name of signee