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SECRETARY OF STATE
FALLAHASSEE, FLORIE,

D. BRUCE
DEC 0 3 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SKIP'S Grocerys 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:
Harry Lawrence Jr, Name of Person
Ship's Grocerys LLC Firm/Company
Firm/Company 2607 Sterling Court Address
Fort Pierce, Florida, 34946 City/State and Zip Code
h. Lawrence 62 @ Yahoo & com == 1
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Harry Lawrence Jr. at (772) 293-5155 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Principal Office Addr	•	Moiling Address
ARTICLE II - Addres		incipal office of the Limited Liability Company is:
(Must end	l with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
Ship's	Grocer ys	LLC.
The name of the Limite	ed Liability Company is:	

ARTICLE I - Name:

I timespai Office / Route ess.	THERETE PROBLEMS		
1202 Avenue, D. 2607 Sterling Court	Fort Pierce, Florida 34950 Fort Pierce, Florida 34946		
RTICLE 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

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

Harry Lawrence Tr.

Name

2607 Sterling Court

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

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

The name and address of each Mana	ger or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR"	Harry Lawrence Jr. 2607 Sterling Court Fort Pierce, Florida 34946
(Use attachment if necessary) TCLE V: Effective date, if other than the effective date is listed, the date must be 90 days after the date of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	Aca =
Signature of a memb	Zouvered To an authorized representative of a member.
(In accordance with section 60 constitutes an affirmation under I am aware that any false inforconstitutes a third degree felor	18.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein arcting rmation submitted in a document to the Department of Single my as provided for in s.817.155, F.S.) Superior Statutes, the execution of this document of this document of the penalties of
Filing Foot	

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

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)