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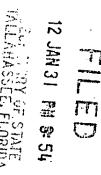
(Re	questor's Name)	
(Ad	dress)	
. (Ad	dress)	
(Cit	y/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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D. BRUCE FEB 0 1 2012 EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 25, 2012

GRAND BAND, LLC 916 NORTH 20TH AVE HOLLYWOOD, FL 33020

SUBJECT: GRAND BAND, LLC Ref. Number: L08000030065

We have received your document for GRAND BAND, LLC and your check(s) totaling \$243.75. However, the enclosed document has not been filed and being returned for the following correction(s):

The above referenced entity was voluntarily dissolved. There is no provision in the Florida Statutes for reinstating a voluntarily dissolved entity. Therefore, we are returning your reinstatement along with the forms and instructions for you to form a new entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 212A00001893

COVER LETTER

то:	Registration Section Division of Corporations
SUBJI	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	JOY ZIETER
	Name of Person
	GRAND BAND
	Firm/Company
	916 N. 20th AVE
	Address
	Horrywood, Pr 33020 City/State and Zip Code Joy @ Tleo Jewels. Com
	City/State and Zip Code
,	
For fur	E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call:
	Toy ZIET-ER at (954) 921. 1422 Name of Person Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amount:
	Filing Fee \$\int_{\text{\$130.00 Filing Fee & Certificate of Status}}\$\$155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) \$\int_{\text{\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}}\$\$\$
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallabassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Lim		mpany is:	·					
6	RAND	BANT) , L	-LC				
(Must	end with the words "L	imited Liability	Company,	"L.L.C.," or	"LLC.")			
ARTICLE II - Add The mailing address		s of the prir	ncipal off	fice of the	Limited L	iability Com	pany	is:
Principal Office Ad	dress:		Mailing	Address	<u>.</u>			
916 N. 20. HOLLYWOOD	H AVE , FL 330	20	916 Hou	N. 2 7 WOO	D, FZ	.VE 33027	9	
ARTICLE III - Reg (The Limited Liability Combusiness entity with an act	npany cannot serve as it live Florida registration	ts own Register	ed Agent, Y	ou must desi				
The name and me 1.		ZIEF		.6		7/23 ET = 1		famés.
-	901	Name	310			1. C.	2	1 4
	916 N.	20 th			aentable)	ORIGA	2. 6.	*****
-	Howywo							
Having been named liability company registered agent and statutes relating to	l as registered age at the place desig l agree to act in th	ent and to ac gnated in thi is capacity.	ccept serv is certific I further	vice of proc ate, I here r agree to c	cess for the by accept to comply with	he appointme h the provisio	ent as ons of	all

sistered agent and agree to act in this capacity. I further agree to comply with the provisions of tatutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)

Title: "MGR" = Manager "MGRM" = Managing Men	Name and Address:
MGR	JOY ZIEFERZ 914 N. 20 h AVE HOWYWOOD, FL 3302D
MGR	SAM ZIEFER 916 N. 20 M AVE HOWYWOOD, FL 3302D
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessar CLE V: Effective date, if other effective date is listed, the date	er than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days processed to the specific and cannot be more than five business days processed.
	E: 7
00 days after the date of filing REQUIRED SIGNATUR	of a member or an authorized representative of a member.
REQUIRED SIGNATUR Signature (In accordance with constitutes an affirr I am aware that any	Reprise IAN

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Filing Fees: