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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:

A. LUNTO12-12403

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EXAMINER

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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 2, 2012

MICHAEL JASON GRUTTADAURIA P.O. BOX 25853 SARASOTA, FL 34277

SUBJECT: GRUTTADAURIA INVESTMENT GROUP, LLC.

Ref. Number: W12000012403

We have received your document for GRUTTADAURIA INVESTMENT GROUP, LLC. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

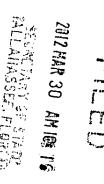
The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 912A00008421



COVER LETTER

TO:

Registration Section
Division of Corporations

	Name of Limit	ed Liability Compa	nny		
The enclosed Articles of	of Organization and fee(s) are	submitted for filing	1.		
	pondence concerning this mat			•	
riouse return un corres	ondence concerning this man	iei to the following	•		
wichsel Jaso	on Gruttadauria			-	
		Name of Person		Hereft -	
		Firm/Company			
				.*	
P.O. Box 25	853				
		Address		FIR	7107
Sarasota, Flo	rida 34277			P IS	
Qarasota, 1 lo		y/State and Zip Code		62	UL 1181 3U
				12,1 (m) 12,1 (m) 12,1 (m)	
	E-mail address: (to be used to	or future annual repo	rt notification)	710	
For further information	concerning this matter, please	e call:			
				And the state of	467
Michael Gruttadau		_at (941	726-2511		
Name	of Person	Area Code	& Daytime Telephor	ne Number	
Enclosed is a check for	or the following amount:				
_	_		n a Ma	1 (0 00 TYP - T	
3125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop		160.00 Filing For	
		(additional copy	is enclosed) C	ertified Copy dditional copy is en	
	Mailing Address	Street/Co	ourier Address		
	Registration Section	Registrati	on Section		
	Division of Corporations P.O. Box 6327	Division Clifton B	of Corporations uilding		
	Tallahassee, FL 32314		cutive Center Circl	e	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")	
(are allowing company, indicate or the company	
The mailing address and street address of	f the principal office of the Limited Liability C	Company is:
Principal Office Address:	Mailing Address:	
4250 SWIFT RD.	P.O. Box 25853	
Sarasota, Florida	Sarasota, Florida 34277	,
34231		ı
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address of Michael J. Gruttada	of the registered agent are:	other 2012 HAR 30
		ş M
4250 Swift Road		
TEGO CHIIL LIGAG	street address (P.O. Box NOT acceptable)	
	20073 1	116:
Florida s Sarasota, Florida 34	4021 [~]	

/

(CONTINUED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:			
"MGR" = Manager				
"MGRM" = Managing Member				
MGRM	Christine M. Gruttadauria		_	
	4250 Swift Road		-	
	Sarasota, Florida 34231		-	
MGRM	Michael J. Gruttadauria			
	4250 Swift Road		-	
	Sarasota, Floridà 34231		<u>-</u>	
		En	2017	
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		_i,	-15	
		7 - 14 A.		
(Use attachment if necessary)		in. "		

ARTICLE V: Effective date, if other than the date of filing: February 28, 2012 (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.)

MICHAEL J. GRUTTADAURIA
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)