1200124836

(Requestor's Name)
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EXAMINER



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SLORETARY OF STATE FALLAHASSEE, FLORIDA

COVER LETTER

Division of C	Corporations		.+	·- · · · · · · · · · · · · · · · · · ·
SURJECT: G&R	Essentials, LLC			
	(Name of Limited	l Liability Comp	any)	
The enclosed Articles	of Organization and fee(s) are su	ıbmitted for filin	g.	
Please return all corre	spondence concerning this matte	r to the following	g:	
George [) Thompson			
	(1)	Name of Person)		
	(1	Firm/Company)		
7534 Ea	st Gospel Island Roa			
		(Address)		
Invernes	s, FL 34450	(2)		
	(City/	State and Zip Cod	e)	
For further information	on concerning this matter, please	call:		
George Thon	npson	at (352	726-3687	
(Nai	ne of Person)	(Area Coo	le & Daytime Telep	thone Number)
Enclosed is a check	for the following amount:			
✓ \$125.00 Filing Fee	S130.00 Filing Fee & [Certificate of Status	\$155.00 Filit Certified Co (additional cor	ру	\$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, F1, 32314	Registrat Division Clifton I 2661 Ex	ourier Address ion Section of Corporations Building ecutive Center Ci	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

office of the Limited Liability Compa
ng Address:
ast Gospel Island Road ess, FL 34450
& Registered Agent's Signature: t. You must designate an individual or another
d agent are:
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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)

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	George Thompson
	7534 East Gospel Island Road
	Inverness, FL 34450
MGR	Arena S. Thompson
	7534 East Gospel Island Road
	Inverness, FL 34450
/II	
(Use attachment if necessary)	
W 17 K7 1797	A L. CEL CONTROL
The V: Effective date, if other tha	in the date of filing: (OPTIONA
	ust be specific and cannot be more than five business day
days after the date of filing.)	
REQUIRED SIGNATURE:	
1	0
_ Lu	192 / pomprou
Signature of a n	rember or an authorized representative of a member.

Filing Fees:

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

that the facts stated herein are true.) George D Thompson

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signce