# L12000129902

(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:
OCT 1 0 2012 L. SELLERS

Office Use Only

800240340038

10/08/12--01031--021 \*\*155.00

12 OCT -8 PH 3: 45
SECKETARY OF STATE
ALLAHASSET FLORIDA

# COVER LETTER

	distration Section dision of Corporations	•	₹ The second of the second of
SUBJECT:	Graham Worl	Idwide Enterprise,	LLC
SOBJECT.		ted Liability Company	
The enclosed	d Articles of Organization and fee(s) are	submitted for filing.	
Please return	all correspondence concerning this ma	tter to the following:	
	Bet	ty R. Graham	
		Name of Person	
	Graham Wor	ldwide Enterprise,	LLC
		Firm Company	
	PC	D Box 491521	
	• • • • • • • • • • • • • • • • • • • •	Address	
	Leesi	burg, FL 34749	
		ty/State and Zip Code	
		1133@hotmail.com for future annual report notification	
			1)
For further in	nformation concerning this matter, pleas	e call:	
	Betty R. Graham	at ( 352 )	787 0162
***************************************	Name of Person	at ( 352 ) Area Code & Daytime T	elephone Number
Enclosed is	a check for the following amount:		
125.00 Filir	g Fee S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$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 Addre Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

# Graham Worldwide Enterprise, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	
200 Bentbough Dr.	PO Box 491521	
Leesburg, FL 34748	Leesburg, FL 34749	

ARTICLE 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 business entity with an active Florida registration.)

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

	Betty R	. Grahan	n
	Na	me	
20	0 Bent	bough	Dr.
1	Florida street	address (P.0	). Box <u>NOT</u> acceptable)
Lees	burg	F1.	34748
	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)

Page 1 of 2

FILED

12 OCT -8 PM 3: 45

SECRETARY OF STATE

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

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

CDM	
1GRM	Betty R. Graham
	PO Box 491521
	Leesburg, FL 34749
· · · · · · · · · · · · · · · · · · ·	

ARTICLE V: Effective date, if other than the date of filing: 10/12013. (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.)

## Betty R. Graham

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)

S 5.00 Certificate of Status (Optional)