## L13000/01840

(Re	equestor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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JUL 1 8 2013 T. HAMPTON (850) 245-6051.

## **COVER LETTER**

TO:	Registration S Division of Co			
SUBJE	СТ:	Gracie Name of Limit	Mae's LLC ed Liability Company	
The end	closed Articles of	f Organization and fee(s) are s	submitted for filing.	
Please r	eturn all corresp	ondence concerning this matt		
-		Kristi	Parrott Name of Person	
-		Gracie	Mae's LCC Firm/Company	
			Firm/Company	3209 Doe Ct
-			Address	
		Brana	lon, FL. 335	11
_			y/State and Zip Code 25 bouti que D y c or future annual report notification	
For furt	her information	econcerning this matter, please		
K	risti P	arrott	at ( <u>813</u> ) <u>503</u> Area Code & Daytime Telep	-8021 hone Number
Enclos	ed is a check for	or the following amount:		. ·
⊒\$125.	00 Filing Fee	□\$130.00 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 Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	ircle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Δ	RТ	r I	CI	LE	T . '	Na	me

The name of the Limited Liability Company is:

Gracie Mae's 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:
112 Beverly Blvd. Brandon Fr. 33511	112 Beverly BIVd. Brandon, FC. 33511

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.)

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

SECRETARY OF STATE DIVISION OF CORPORATIONS

## 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_	Kristi Parrott  3209 DOE Ct.  Brandon, Fc. 33511
<del></del>	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
TICLE V: Effective date, if other than the	
FICLE V: Effective date, if other than the defective date is listed, the date must to or 90 days after the date of filing.)  REQUIRED SIGNATURE:  **List of the date of filing of the date of filing of the date of filing.	ist be specific and cannot be more than five business day
ricle V: Effective date, if other than the effective date is listed, the date must to or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memical management of the constitutes an affirmation undigenerate an aware that any false info	ist be specific and cannot be more than five business day  to Parroll
ricle V: Effective date, if other than the effective date is listed, the date must to or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a m	the specific and cannot be more than five business day  ber or an authorized representative of a member.  608.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)
ricle V: Effective date, if other than the effective date is listed, the date must to or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a m	the specific and cannot be more than five business day above or an authorized representative of a member.  Solution of this document der the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)

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