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Office Use Only



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AUG 3 0 2013 J. BRYAN (850) 245-6051.

•	COVER LETTER	
•	TO: Registration Section Division of Corporations	
	SUBJECT: Bowles Grafton Acquistion Serv Name of Limited Liability Company	
	The enclosed Articles of Organization and fee(s) are submitted for filing.	
	Please return all correspondence concerning this matter to the following:	
	Gardon G. Bowles Name of Person	
	Bowles, Grafton Acquistion Services LLC.	
	2314 Sunview Ave Address	
	Valrico Fl. 33596 City/State and Zip Code	
	Geboules & Notwail. Com E-mail address: (a De used for future annual report notification)	
For further information concerning this matter, please call:		
	Gordon Bowles at (813) 653-0646 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:		
{	□\$130.00 Filing Fee & □\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
	Mailing Address Street/Courier Address	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Bowles Grafton Acquir (Must end with the words "Limited Liability	istion Services ILC by Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2314 Surview Ave Valrice, Fl. 33596	same as principal office
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the reconstruction. Name	red Agent. You must designate an individual or another egistered agent are:
Valsico	ress (P.O. Box NOT acceptable) FL 33596 te, 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

'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 "MGRM" = Managing Member	Name and Address:
MGRM	Cordon G. Bowles 2314 Sunview Ne Valrice, Fl. 33596
MGRM	Lloyd G. Grafton 1203 Golf Moodow Blud Valrico, Fl. 33596
	29 PH 1: 02
(Use attachment if necessary)	
CLE V: Effective date, if other than the	date of filing: $8/26/3$. (OPTIONAL)

ARTICLE V: Effective date, if other than the date of filing: 8 12 3 . (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.)

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)