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2013 NOV -7 RK 12: 58

J. SAU' SBEPT FAS J. E.S. NOV 1 3 2013 (850) 245-6051.

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: GRANNYS GAMAGE LC 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:	
Heidi Andress Name of Person	
Granny's Carage	
01101 7 11 11 11	201
N. Fort Myers, FL	7011 NOV - 7 PATE: 5
City/State and Zip Code braintree nick o gahw, com E-mail address: (to be used for future annual report notification)	<u>P</u>
For further information concerning this matter, please call:	60
HUM AMUSS at (339) 672 5694 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee U\$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	us &
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:	
Ganny's GARAGE	elle,
(Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princ	ipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
N. Fortmyers, PL.	
ARTICLE III - Registered Agent, Registered O The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	Agent. You must designate an individual or another
The name and the Florida street address of the regi	stered agent are:
N. Pt. Myers.	llen G. s (P.O. Box NOT acceptable)
Having been named as registered agent and to acciliability company at the place designated in this	

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	Name and Address:	
"MGRM" = Managing Member	Heidi Andress 2481 Goil HelenCt. N. Fort Myey.	
(Use attachment if necessary) CLE V: Effective date, if other than the effective date is listed, the date must	date of filing: (OPTIO	NAL iness
•	date of filing: (OPTIO be specific and cannot be more than five busi	NAL iness
CLE V: Effective date, if other than the effective date is listed, the date must o or 90 days after the date of filing.) REQUIRED SIGNATURE:	The specific and cannot be more than five busi	NAL
CLE V: Effective date, if other than the effective date is listed, the date must o or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a membe (In accordance with section 608 constitutes an affirmation under I am aware that any false inform	r or an authorized representative of a member. 408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State as provided for in s.817.155, F.S.)	ness
CLE V: Effective date, if other than the effective date is listed, the date must o or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a membe (In accordance with section 608 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	r or an authorized representative of a member. 408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State	ness
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of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)