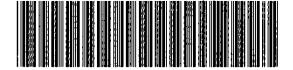
L13000462280

(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:
NOV 1 9 2013 A. LUNT

Office Use Only



200253642152

11/14/13--01009--010 **125.00

日报野山、西省年2

COVER LETTER

TO: Registration Division of C			
Grai	ndpanion LLC		
SUBJECT:		ed Liability Company	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this matt	ter to the following:	
Julia S	mith		
		Name of Person	
		Firm/Company	
12701	Mastique Bea	ch Blvd PH 1	
- · · · · · · · · · · · · · · · · · · ·		Address	
Fort M	yers, FL 33908	8	
	······································	ty/State and Zip Code	
juliasmith	fl@aol.com		
		for future annual report notification)	
For further information	concerning this matter, please	e call:	
Julia Smitl	1	_{at} 239 822-0096	Car Car
Name	of Person	Area Code & Daytime Telephone Nu	mber
Enclosed is a check t	or the following amount:		
■\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	00 Filing Fee, feate of Status & fed Copy on al 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 Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Grandpanion LLC				
	Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")	· · · ·	
ARTICLE II - A	Address:			
		orincipal office of the Limited Li	ability Co	mpany
Principal Office	Address:	Mailing Address:		
12701 Mastique Bea	ch Blvd PH 1	12701 Mastique Beach Blvd PH 1		
Fort Myers, FL 3390	3	Fort Myers, FL 33908		
···	<u> </u>			
The name and the	E Florida street address of the Julia Smith Name		2015 2015 1015 1015 1015 1015 1015 1015	
	12701 Mastique Beach Blvd PH 1			13 11
		Idress (P.O. Box <u>NOT</u> acceptable)	· * 1 *	(BD
		FI		
	Fort Myers, FL 33908			
		tate, and Zip		

(CONTINUED)

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

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

"MGR" = Manager "MGRM" = Managing Men	nber
MGR	Julia Smith
	12701 Mastique Beach Blvd PH 1
	Fort Myers, FL 33908
MGR	Forrest H. Smith, Jr.
	12701 Mastique Beach Blvd PH 1
	Fort Myers, FL 33908
	ب از
	第
(Use attachment if necessary	
CLE V: Effective date, if other	er than the date of filing: 11/12/13 (OPTION date must be specific and cannot be more than five busin filing.)
CLE V: Effective date, if other effective date is listed, the construction or 90 days after the date of the date.	er than the date of filing: 11/12/13 (OPTION date must be specific and cannot be more than five busin filing.)
CLE V: Effective date, if other effective date is listed, the constitutes an affirm I am aware that any	er than the date of filing: 11/12/13 (OPTION date must be specific and cannot be more than five busin filing.) E:
CLE V: Effective date, if other effective date is listed, the constitutes an affirm I am aware that any	er than the date of filing: 11/12/13 (OPTION date must be specific and cannot be more than five busin filing.) E: of a member or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution of this document nation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)