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(Re	questor's Name)	
(Ad	dress)	<u> </u>
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(Cit	y/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:	

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X.SALY EXAMINER DEC 11 2013

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Garrett & Company, LLC	
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:	
Garland M Garrett Jr	
Name of Person	—
Garrett & Company, LLC	
Firm/Company	_
5034 Harvest Drive	
Address	_
Haines City, FL 33844	
City/State and Zip Code mackandjonette@gmail.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Garland M Garrett Jr at (863) 419-4918	
Name of Person 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 Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certified Copy (additional copy is enclosed)	
Mallion Address Street/Co. Co. Address	

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

The name of the Limited Liability Company is:	
Garrett & Company, 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:
7.4.4.100M	
Principal Office Address: Mailing Address:	
5034 Harvest Drive 5034 Harvest Drive	
Haines City, FL 33844 Haines City, FL 33844	
	_
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signa (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or a business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	nother
Codered M. Corrett In	吊
Garland M Garrett Jr Name	0 7
Name	患与口
5034 Harvest Drive	3 PEC -9 PM 2: 54
Florida street address (P.O. Box NOT acceptable)	10 73
Haines City _{FL} 33844	至 5

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 (REQUIREL

(CONTINUED)

Page 1 of 2

ARTICLE	IV-	Mana	iger(s)	or	Managing	Mem	ber(s)	:
	_							_

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

MGR	Garland M Garrett Jr
	5034 Harvest Drive
	Haines City, FL 33844
MGR	Jonette Garrett
	5034 Harvest Drive
	Haines City, FL 33844
Use attachment if necessary)	
LE V: Effective date, if other than	the date of filing: (OPTION

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.)

Garland M Garrett Jr

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)