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(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

·
TO: Registration Section Division of Corporations
SUBJECT: LINDSEY GRACE
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:
LINDSEY GRACE WHIDDON
Name of Person
LINDSEY GRACE
Firm/Company
120 SOUTH VICTORIA PARK ROAD
Address
FORT LAUDERDALE, FL 33301
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LINDSEY WHIDDON at 954 2575758
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy} \text{Certified Copy}

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

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARIRI	LESOF ORUGINZATION	FORFIX	RIDA IANUI ED LADILAT	COMITANT	
ARTICLE 1 - Name: The name of the Limited I	Liability Company is:				
LINDSEY GRACE, LLC	······································				
(Mu	st end with the words "Li	mited Lia	ability Company, "L.L.C.,"	or "LLC.")	
ARTICLE II - Address:					
The mailing address and s	treet address of the princ	ipal offic	e of the Limited Liability	Company is:	
Principal Office Address	S:	Mailing	Address:		
120 SOUTH VICTORIA PAR	K ROAD		120 SOUTH VICTORIA PARI	K ROAD	
FORT LAUDERDALE, FLOR	IDA 33301		FORT LAUDERDALE, FLOR	IDA 33301	
(The Limited Liability Co another business entity w The name and the Florida	mpany cannot serve as its ith an active Florida regis	s own Re stration.)	Registered Agent's Signa gistered Agent. You must ent are:		r
<u></u>		Name		-	
	O SOUTH VICTORIA PARK		OT	-	
ľ	Florida street address (P.C). вох <u>N</u>	OI acceptable)		
<u>F</u>	ORT LAUDERDAL	.E.	FL 33301	_	
	City		Zip		
the place designated is capacity. I further agre	n this certificate, I hereby e to comply with the provi	accept th isions of c the obliga	ce of process for the above as appointment as registere all statutes relating to the pations of my position as reg 605, F.S.	d agent and agree to act i roper and complete perfo	in this ormance

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>l'itle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
IGR	LINDSEY GRACE WHIDDON
	120 SOUTH VICTORIA PARK ROAD
	FORT LAUDERDALE, FLORIDA 33301
	
V: Effective date, if other than the date tive date is listed, the date must be sp	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90
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Page 2 of 2

