## 114000036599

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
· (Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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EFFECTIVE DATE
2-27-17

HAR-3 PH 3

MAR = 4 2014

T. BROWN

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Griffin AG Services "LLC" Name o	f Limited Liability Company
The enclosed Articles of Organization and fee	(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to the following:
Gregory M. Griffin	Name of Person
Griffin AG Services "LLC"	
	Firm/Company
131 Cedar st	Address
011.1.51.11.00407	
San Mateo, Florida 32187	City/State and Zip Code
gmugriffin@yahoo.com E-mail address: (to be	used for future annual report notification)
For further information concerning this matter,	please call:
Gregory M. Griffin Name of Person	at ( 386 ) 366-5441  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$125.00 Filing Fee □\$130.00 Filing Fee Certificate of Status	
Mailing Address Registration Section	Street/Courier Address Registration Section

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

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

ARTICLES OF ORGANIZATION FOR F	LORIDA LIMITED LIABILITY COMPANY	Total F
ARTICLE I - Name:		
The name of the Limited Liability Company is:		
The name of the Limited Liability Company is.		Service of the servic
Griffin AG Services "LLC"		Fig. 3 C
	Liability Company, "L.L.C.," or "LLC.")	
(	zamony conpany, samon, cr 22c. )	SZ 73
ARTICLE II - Address:		6m
The mailing address and street address of the principal of	ffice of the Limited Liability Company is:	P
Principal Office Address:	Mailing Address:	EFFFOTIVE
424 Ondon of	424 Cadas C4	DA)
131 Cedar st San Mateo Florida 32187	131 Cedar St San Mateo, Florida 32187	
San Maleo Florida 32 for	Sail Majeo, Fjuliua 32 107	
ARTICLE III - Registered Agent, Registered Office, of (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.)  The name and the Florida street address of the registered.  Gregory M. Griffin	Registered Agent. You must designate an inn.)	ndividual or
Name		
131 Cedar St		
Florida street address (P.O. Box	NOT acceptable)	
San Mateo,	FL 32187	
City	Zip	
Having been named as registered agent and to accept ser	rvice of process for the above stated limited l	iability 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 605, M.S.

Registered Agent's Signature (REQURED)

(CONTINUED)

Page 1 of 2

<u> Fitle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR	Gregory M Griffin
	131 Cedar St
	San Mateo, Florida 32187
MGR	Tilda J Griffin
	131 Cedar St
	San Mateo, Florida 32187
	• • • • • • • • • • • • • • • • • • • •
V: Effective date, if other than the d	ate of filing: <u>Feb. 27, 2014</u> . (OPTIONAL) specific and cannot be more than five business days prior to or
ctive date is listed, the date must be f filing.)	ate of filing: <u>Feb. 27, 2014</u> . (OPTIONAL)  specific and cannot be more than five business days prior to or
V: Effective date, if other than the detive date is listed, the date must be filling.)	specific and cannot be more than five business days prior to or
V: Effective date, if other than the detive date is listed, the date must be filing.)  VI: Other provisions, if any.	specific and cannot be more than five business days prior to or
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V: Effective date, if other than the detive date is listed, the date must be filling.)  VI: Other provisions, if any.  Signature of a (In accordance with section)	member or an authorized representative of a member.  605.0203 (1) (b), Florida Statutes, the execution of this document
V: Effective date, if other than the detive date is listed, the date must be filling.)  VI: Other provisions, if any.  Signature of a (In accordance with section constitutes an affirmation under the date of the	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
V: Effective date, if other than the detive date is listed, the date must be filling.)  VI: Other provisions, if any.  Signature of a (In accordance with section constitutes an affirmation under the date of the constitutes are affirmation under the c	member or an authorized representative of a member.  605.0203 (1) (b), Florida Statutes, the execution of this document
CV: Effective date, if other than the detive date is listed, the date must be filling.)  CVI: Other provisions, if any.  Signature of a (In accordance with section constitutes an affirmation up I am aware that any false in	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the tasks stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)