## L14000/69052

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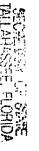
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DIVERSITY OF STATE

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## **COVER LETTER**

Division of Corporations				
SUBJECT: RAY GRANT PO	RODUCTIONS LLC			
Name of Lin	nited Liability Company			
The enclosed Articles of Organization and fee(s) ar	re submitted for filing.			
Please return all correspondence concerning this ma	atter to the following:			
RAY E. GRANTJR.				
Total C. Charles JK.	Name of Person	<del></del>		
	Firm/Company	<del></del>		
4101 W. NAVY BL	VN # 6324			
TIOT W. NAV / SE	Address	<del></del>		
PENSACOLA FL 3:	)507			
C	ity/State and Zip Code			
ray grant Productions & E-mail address: (to be used	GMGIL.COM dor future annual report notification)		894	
For further information concerning this matter, plea		<b>TH</b>	30	
	A.T		) P	
RAY E. GRANT JR. at (	Area Code Daytime Telephone Number		4 DCT 30 PH I2: 51	į
Enclosed is a check for the following amount:		)\$ ***	S	
\$125,00 Filing Fee \$\sum \text{Certificate of Status}	☐\$155.00 Filing Fee & ☐\$160.00 Filing Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is	tatus &		
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

ARTICLE I - Name: The name of the Limited Liability Company is:	
GRANT PRODUCTION  (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
HENSACOLA, FL 32507	SAME
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered at	gent are:
RAY E. GRANT SR.	
HOI W. NAVY BW. Florida street address (P.O. Box M.	
PENSACOLA City	FL 32507 Zip

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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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PARTOVEL PINOVEL

MBR" = Authorized Member MGR" = Manager	Name and Address:
	<u> </u>
AMBR	KAYE, GRANT JR
	HIDI W. NAVY BLUD # 6304
0 00	· · · · · · · · · · · · · · · · · · ·
AMBR	HOPE S. GRANT
	4161 W. NAVY BLUD #6304 TENSACOLA, FL 32507
	1 ENDACOG, FC 32507
se attachment if necessary)	
îling.)	
<u>.</u>	
VI: Other provisions, if any.	
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VI: Other provisions, if any.	AP &
VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature of a memb	per or any authorized representative of a member.
EOUIRED SIGNATURE:  Signature of a member (In accordance with section 605.6	203 (1) (b), Florida Statutes, the execution of this document
EOUIRED SIGNATURE:  Signature of a member	per or ab authorized representative of a member.  1203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. Ition submitted in a document to the Department of State
EOUIRED SIGNATURE:  Signature of a member	203 (1) (b), Florida Statutes, the execution of this document he penalties of perjury that the facts stated herein are true, tion submitted in a document to the Department of State
EOUIRED SIGNATURE:  Signature of a member	203 (1) (b), Florida Statutes, the execution of this document he penalties of perjury that the facts stated herein are true, tion submitted in a document to the Department of State
EOUIRED SIGNATURE:  Signature of a member	203 (1) (b), Florida Statutes, the execution of this document he penalties of perjury that the facts stated herein are true, tion submitted in a document to the Department of State
EOUIRED SIGNATURE:  Signature of a member	203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, tion submitted in a document to the Department of State as provided for in s.817.155, F.S.)  ANT JR  Typed or printed name of signee
Signature:  Signature of a member of a mem	203 (1) (b), Florida Statutes, the execution of this document he penalties of perjury that the facts stated herein are true. tion submitted in a document to the Department of State as provided for in s.817.155, F.S.)

Page 2 of 2