Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000281441 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: STONE AND GERKEN, P.A.

Account Number : 120090000097

Phone

(352) 357-0330

Fax Number

: (352)357-2474

Enterathe email address for this business entity to be used for future annual report mailings. Enter only one email address please.**.

Emai)	Address:			
الم مع تعلمات الأ	*******	 	 	
(2)				

FLORIDA LIMITED LIABILITY CO. GRI MD, LLC

Certificate of Status	0		
Certified Copy	1		
Page Count	04		
Estimated Charge	\$155.00		

Electronic Filing Menu

Corporate Filing Menu

Help T. Company 12 2014

H140028144H &

ARTICLES OF ORGANIZATION

OF

GRI MD, LLC

14 DEC -5 PH 4:50
SEURETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

The name of this Limited Liability Company is GRI MD, LLC.

ARTICLE II.

This limited liability company shall have a perpetual existence commencing on the date these Articles are filed with the Secretary of State for the State of Florida, unless sooner terminated as provided herein.

ARTICLE III PURPOSE

This limited liability company is created for the purpose of transacting all lawful business for which limited liability companies may be organized under the Florida Limited Liability Company Act as agreed upon by the members.

ARTICLE IV PLACE OF BUSINESS AND REGISTERED AGENT

The principal place of business of this limited liability company shall be 31450 Church Street, Sorrento, Florida 32776, or such other place or places as the members from time to time may determine.

The mailing address of this limited liability company shall be 31450 Church Street, Sorrento, Florida 32776.

H14000281441

414000281441

The initial Registered Agent of this limited liability company shall be **George R. Ikeler**, 31450 Church Street, Sorrento, Florida 32776.

ARTICLE V MANAGEMENT OF THE BUSINESS

This limited liability company shall be a manager-managed company. The initial manager shall be **George R. Ikeler** whose address is 31450 Church Street, Sorrento, Florida 32776. Such manager shall continue to manage this limited liability company until a qualified successor is duly elected by a majority of members.

ARTICLE VI PROPERTY

Real or personal property originally brought into or transferred to the Company, or acquired by the Company by purchase or otherwise, shall be held and owned, and conveyance shall be made, in the name of this limited liability company.

ARTICLE VII AMENDMENTS

These Articles, except for the vested rights of the members, may be amended from time to time by two-thirds (2/3) majority in interest of the members, and the amendments shall be filed with the Florida Department of State.

IN WITNESS WHEREOF, the parties hereto have executed these Articles of Organization on this 5% day of December, 2014.

George R. Ikeler, Manager

2 H1400281441

No. 2625 P. 4/5

H1400281441

STATE OF FLORIDA COUNTY OF LAKE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared George R. Ikeler, who produced Florida Driver's License as identification or is personally known to me, and who executed the foregoing instrument and he acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 5^{11} day of December, 2014.



My Commission Expires:

Notary Public Printed Name



CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

First - that GRI MD, LLC, desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Organization, at the City of Sorrento, County of Lake, State of Florida, has named George R. Ikeler, of 31450 Church Street, Sorrento, Florida 32776, as its agent to accept service of process within this State.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above stated Company, at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said offices.

George R. Ikeler, Registered A

Sworn to and subscribed before me this ______ day of December, 2014 by George R. Ikeler.

NOTARY PUBLIC

My Commission Expires:

TANYA R. FARMER
Commission # FF 026584
Expires August 25, 2017
Borded Thy Tay Fair Prounting 800 385-7819

U:\Cindi\DOCUMENT\CORPORATIONS\Corporations\GRI MD, LLC\Art-of-Organization.docx

H14000281441