

L14 000191803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

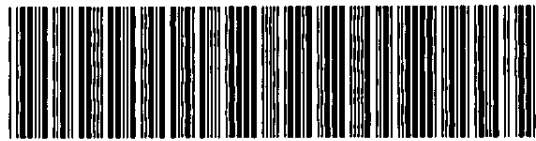
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200265737232

12/17/14--01001--014 **155.00

RECEIVED

14 DEC 16 PM 3:16

DIVISION OF CORPORATIONS

FILED

2014 DEC 16 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 17 2014

T CLINE

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

DESIGNS BY GRITS LLC

Signature _____

Requested by: BA

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
✓ ____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
✓ ____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

2011 DEC 16 PM 5:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **DESIGNS BY GRITS 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:

Principal Office Address:

**931 PRIMROSE STREET
LAKE PLACID FL 33852**

Mailing Address:

**931 PRIMROSE STREET
LAKE PLACID FL 33852**

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatures

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Name

WHITNEY MCCORKLE-CONNELL

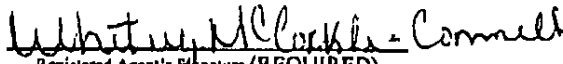
931 PRIMROSE STREET

Florida street address (P.O. Box NOT acceptable)

LAKE PLACID FL 33852

City State 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 603, F. S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2014 DEC 16 PM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name & Address:

Authorized Member:

WHITNEY MCCORKLE-CONNELL
931 PRIMROSE STREET
LAKE PLACID FL 33852

Authorized Member:

NOAH R CONNELL
931 PRIMROSE STREET
LAKE PLACID FL 33852

(Use attachment if necessary.)

ARTICLE V: Effective date, if other than the date of filing, _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Whitney McCorkle-Connell

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.8170155, F.S.)

WHITNEY MCCORKLE-CONNELL

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)